N. B.—Every item of information should be enrefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN W. B. No. 1.

	PLACE OF DEATH	3554	STATE OF MAR	
C	ounty Strederick		CERTIFICATE OF	DEATH
	0 62	11-11	Registered	1 No/5/
١	Village or City From Bus	entisoulus.	St;Ward)	[If death occurred a hospilal or institution give its NAME instead of street and oumber.]
	* FULL NAME ////		11	
	PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF	DEATH
23	The Colon of the	MARRIED, WIDOWED, WITH the word)	16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY. That I a	(Day) (Year)
6 [DATE OF BIRTH	24 19/2	Feb 28, 1913, to Mar	4 , 1913
-	(Month)	(Day) (Year)	that I last saw h de alive on Muse	.4
TA	GE	if LESS than 1 day,hrs.	and that death occurred on the date stated at	pove, at O C m
	Oyrs. Omos	s ds. ORmin. ?	The GAUSE OF DEATH * was as follows:	mail
(a	CCUPATION) Trade, profession, or inticular kind of work			
bus) General nature of industry, siness, or establishmeot in ich employed (or employer)		(Duration)	yrs. mos. / Z. ds
9 8	IRTHPLACE (State or country) Thed by	in Ind.	Gontributory(Secondary)	yrs mos ds
,,	10 NAME OF Ralph	anact	(Signed) Ses W. Muste	, N. D.
NTS	OF FATHER (State or country)	la and	Must 5 , 191 3 (Address) Durke	ming my
ARENT	12 MAIDEN NAME OF MOTHER	B'	*State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and (TAL, SUICIDAL, or HOMICIDAL.	2) whether Acciden-
	13 BIRTHPLACE OF MOTHER (State or country)	les and	16 LENGTH OF RESIDENCE (FOR HOSPITALS. IN: OR RECENT RESIDENTS) At place in the of death	STITUTIONS, TRANSIENTS . YIS, UCS, ds,
14-	THE ABOVE IS TRUE TO THE BEST, O	F MY KNOWLEDGE	Where was disease contracted	. 1104
	(Informant) Ralph Uh	alx	If not at place of death?	
	D. 6 TT	- 11.	usual residence	
	(Address) DANKWILL	vace mai	18 HOACE OF BURIAL OR PEMOVAL	ATE OF BURIAL
15	. n. 1-5 2 Dai	Ho 2 Minis	20 UNDERTAKER	DDRESS
FII	ed Mass, 1913 Ber	Sul BEGISTRAR	1. Roelke B	uskittsville
	if more blanks are ne-	eded, address State Registra	ir, & E. Franklin St., Balto., Requesting V. S. No.	1. Ind
		1		mile,

[Approved by U. S. Census and American Public Health Association.]

3,

Agocery; (a) Foreman, (b) Automobile factory. The ness of various pursuits can be known. The question ness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons causing neath, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nection is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinossis of lungs, meninges, peritonacum, etc.. Carcinoscipalism of the same death.

mia," ""Tupreeral peritonitis," etc. State cause for childbirth or miscarriage, as "Purneral schichaccause of death approved by Committee on Nomencia sepsis, tetanus) may be stated under the head lnjury, as fracture of skull, and consequences (e. g., by curbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inaultion," "Maras-"Collapse," "Coma," "Convuisions," "Debility" ("Conthenia." "Anaemia" (merely symptomatle), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 nant neeplasms) ; Measles; Whooping cough; Chapie cer" is less definite; avoid use of "Tumor" for malls: oma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." deut; Revolver reound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJUSY and qualify as affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of _ (name orlgin; "Can-Examples:



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PHYSICIANS

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statement

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state 3555 CSICIANS should OCCUPATION IS 2 FULL NAME PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Write the word) 6 DATE OF BIRTH 1840 (Month) (Day) (Year) 7 AGE If LESS than 1 day,hrs. The CAUSE OF DEATH* OR 7 6 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in may which employed (or employer) Contributory State or country (Secondary 10 NAME OF FATHER (Signed) 80 0 back 11 BIRTHPLACE terms, OF FATHER (State or country) Z 40 AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain EATH in plain OF MOTHER OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ... State yrs. mos. Where was disease contracted. If not at place of death? of 1 DE Former or CAUSE OF Important. S usual residence BURIAL OR REMOVAL 15 20 UNDERTAKER REGISTRAR

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilt death occurred in St.;....Ward)

a hospital or lostitution. give its NAME instead ot street and number. 1

MEDICAL CERTIFICATE OF DEATH (Month) (Day) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at (Duration) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

DATE OF BURIAL

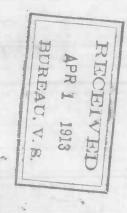
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

. Arocery; (a) Foreman, (b) Automobile factory. material worked on may form part of the second it should be used only when needed. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "Purperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenla," "Anaemia" (merely symptomatic), "Atrophy," oma. Surcoma. etc., of ... dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mails ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," (name origin; "Can-State cause for "Exhaustion," Examples:



N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

PLACE OF DEATH 3556	STATE OF MARYLAND
County realreck 10	CERTIFICATE OF DEATH
701 +	Registration Dist. No.
William Worlevil Cos	Stal [If death occurred in
	St.; Ward) a hospital or Institution
FULL NAME NAME NOUGHVE	ent of Ward Jaco of street and number.]
	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
Male Colon or race Single, MARRIED, WIDOWED, ORDIVERED (Prite the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
alch, 19 1913	1919, to 72, 1913,
(Month) (Day) (Year)	that I last saw h we allve on
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
	The GAUSE OF DEATH* was as lollows:
8 OCCUPATION	Just To The of men that the
(a) Trade, profession, or particular kind of work.	Upnoca) -
(b) General nature of Industry,	
business, or establishment in Nove. which employed (or employer)	(Duration) yrs. mos. ds
9 BIRTHPLACE (State or country) Maryland	(Secondary) (Duraflon) vrs. mos de
10 NAME OF LOUIS KNOW	(Signed) Leney & Tahrney, M. D.
O 11 BIRTHPLACE	3/22, 1913. (Address) Frederick Mbg
OFFATHER (State or country) Don't Kerow	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL
OFFATHER (State or country) Don't Resolution 12 MAIDEN NAME Mary Buer	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Samuel U. Gregg Suff	If not at place of death? Former or — Total Septemble Proceed 7000
(Informant)	usual residence usual residence usual residence usual residence
(Address). It that the topy	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Abin, a 191, 4	20 MNDERTAKER ADDRESS
Filed 1913 REGISTRAR	ADDRESS ADDRESS
If more blanks are needed, address State Regis-trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1
	Media

[Approved by U. S. Census and American Public Health Association.]

"."Manager," "Dealer," etc., without more precise specistatement. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of III. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. feation, as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age tion is very important, so that the relative wealthful who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. Civil engineer, Stationary Arcman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples: For persons

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc... Carcin-

cause of death approved by Committee on Nomencla-"Contributory." mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." genitai," "Seniie." etc.), ampie: Mcastes (disease causing valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) scpsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. -Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... injury, as fracture of skull, and consequences (e. g., mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," 'Uraemla," "Weakness," (name origin; "Candeath), 29 ds.: State cause for Examples:



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DEATH

OF

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Important. CAUSE

STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 132 [If death occurred in a hospital or institution. give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH Mar. 11 WIDOWEO. ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH that I last saw har alive on Mar 11 1913 if LESS than 7 AGE and that death occurred on the date stated above, at ... 1 day.....hrs. OR min. ? 8 OCCUPATION (a) Trade, prefession, or particular kind of work (b) Beneral nature of Industry, business, or establishment in (Duration) / which employed (or employer) 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER Mar. 13 1913 (Address) Much 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-ARI TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mos. ds. State yrs, _..... mos, ds Where was disease contracted. If not af place of death?..... Former or usoal residence. 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

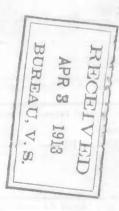


[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be judi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cere-irospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclainjury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 de.; affection need not be stated unless important. oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-Examples: For VIO-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

FOR BINDING

RESERVED

MARGIN

V. S. No. 1.

1 PLACE OF DEATH County Tredere	3558	(1)		CERTIFI		F DEATH	
Village or City Fred	rick (No				Ward		rred in titution, Instead
PERSONAL AND STATIS	TICAL PARTICUL	ARS		MEDICAL CE	RTIFICATE O	F DEATH	
GSEX 4 COLOR OR RAC Hernale White	Se Single, Se MARRIED, WIDDWED, ORDIVORCED (Write the Wo	1	18 DATE OF		Month) RTIFY, That	30, 1	1915 Year)
DATE OF BIRTH	la 4	, 1893 (Year)	Marz that I last say	129, 1913. v heralive o	n Man	h 29 10,1	191
7 AGE 19 yrs 8	mos 26 ds.	It LESS than 1 day,hrs. ORmin.?		h occurred on the		1 above, at 2, 40.	A
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry,	oper	4		wax y		Alberto General De Constitution de la constitution	College Control
business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	OSICA	of the second second	Contribute Secondary	ory Eside	(Ouration)	yrs. D. mos. 2	1 43
10 NAME OF FATHER GLOOP	ylan ze Be	nder	(Signed)	Blino	(Duration)	yrs mos /	, M.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	angla	nd	*State th CAUSES, sta	e Disease Causi te (1) Means (in deaths from V nd (2) whether Ac	CCIDE
OF MOTHER OLD 13 BIRTHPLACE OF MOTHER (State or country)	av. H	bouch	18 LENGTH C OR RECENT At place		FOR HOSPITALS	yrs, mos,	
14 THE ABOVE IS TRUE TO THE B	EST OF MY KNOW	LEDGE	Where was disea	se contracted, f death?	***************************************		******
(Address). 619. N.	Moark	* St	19 PLACE OF	Olivert	MOVAL CAMP	Afra ,	
Filed 3-3/- ,1913 D	That Y	PEGISTRAR J	Thos	nas Ti	Rice	Freder	ic

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second "statement. "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSINO DEATH, state occupation at beginning of ill-Housewife, Housework, or At Home, and children, not Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaemia," "PUERPERAL peritonitis," etc. State cause for affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mally oma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NAY 6 1918

DUREAU, V. S.

pinous OCCUPATION PHYSICIANS RECORD 90 statement PERMANENT EXACTLY. BINDINO stated 4 classified. S should FOR UNFADING INK-THIS properly AGE RESERVED supplied. pe carefully supplied that it may of certificate. 00 MARGIN WITH DEATH in plain terms, see instructions on back pinous PLAINLY, of information WRITE Item 10 Every Item CAUSE OF Important.

See

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No. ac d

state Very

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3559 1 PLACE OF DEATH County.. ² FULL NAME PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, MARRIED, 3 SEX 4 COLOR OR RACE WIDOWED. ORDIVORGED (Write the word) 6 DATE OF BIRTH (Day) (Month) (Year) TAGE If LESS than 1 day hrs. OR ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment In which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) OF (Intormant) (Address) 15

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No

[It death occurred in Ward)

a hospital or institution, give its NAME instead of street and number.]

MEDICA	L CERTIFICATE OF	DEATH	
16 DATE OF DEATH	mue	84	., 1913
***************************************	(Month)	(Day)	(Year)
17 Now HERE	BY CERTIFY, That I	attended dec	
that I last saw h LT			, 1913
and that death occurred	on the date stated	above, at	30 Pm
The CAUSE OF DEATH		0	
Valoulas	disease	of her	est.
	Cord (Duration)	yrs. 6 m	os ds
Contributory(Secondary)	A	*******	•••••
(Signed) Oss (De Norses	yrs	
May 10th, 1913	(Address) Liber	tyonor	0
*State the DISEASE (CAUSES, state (1) ME TAL, SUICIDAL, OF HOL	CAUSING DEATH, OF, I ANS OF INJURY; and MICIDAL.	n deaths from (2) whether	VIOLENT ACCIDEN-
16 LENGTH OF RESIDE OR RECENT RESIDENTS At place of death	In the s ds. State	yrs., n	
X bry food	OR REMOVAL	Mar 1	JRIAL 1913
204			

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health
Association.]

"Manager," "Dealer," etc., without more precise speciduties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, If the occupation has As examples: For persons (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUEBPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligature of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably cause. Always qualify all diseases resulting from thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms); Mcasles; Whooping cough; Chronic oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-

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APR 2 1913
BURDAULYS.

Ounty Frederick	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.
Village or City Bartonsvillano	St.; Ward) [If death occurred is hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Acolororrace 5 single, Sengle MARRIED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word) 8 DATE OF BIRTH Mar 16, 1912 (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1913 that I last saw h My alive on 3/3, 1913
7 AGE if LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at // 4 n The CAUSE OF DEATH* was as follows:
particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF FATHER Walter Boweie 11 BIRTHPLACE (State or country) Mangland 12 MAIDEN NAME OF MOTHER Pauline Wiggs 13 DIETHER OF MOTHER Pauline Wiggs	(Signed) , M. D State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER (State or country) Mangland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, If not at place of death?
(Address) Bartowills (Address) Bartowills Filed Mchy 19 7,1913 Groff Lawfor	Former or usual residence. 19 place of Burial or REMOVAL DATE OF BURIAL Bartonsville Been Marie, 1913 20 undertaker Address
If more blanks are needed, address State Registra	Uhomas J. Hece Frederics

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers material worked on may form part of the second ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative heaithfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinosis of lungs, meninges, peritonaeum,

childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. mia," "PUERFEBAL peritonitis," etc. cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenltai," "Senlie," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasles (disease causing death), 29 dx.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephriti-etc. The contributory (secondary or intercurrent) nant neoplasms); Measles; Whooping cough; Chrosto cer" is less definite; avoid use of "Tumor" for mailyoma. Sarcoma. etc., of ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. Never report may be stated under the head (Recommendations on statement of (name origin; "Can-State cause for Examples: Ex

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 1 1913
BUREAU. V.S.

N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

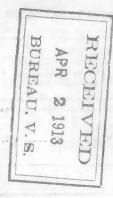
1 PLAGE OF DEATH	STATE OF MARYLAND
3561	CERTIFICATE OF DEATH
Gounty J. J. C. C. C. C. S.	Registered No. 144
Village or City Kuryner (No	St.; Ward) [if death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male. While Single, Married, Married, Midowed Widowed (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
G DATE OF BIRTH (Month) (Day) (Year)	that I last saw how allve on hear 2 , 1913.
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 24 P.m.
yrs	The CAUSE OF DEATH* was as follows:
GOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry,	Jacobs January,
business, or establishment in which employed (or employer)	(Duration) O yrs mos ds
9 BIRTHPLACE (State or country) maryland	(Secondary) (Duration) (Duration) (Duration) (Duration)
10 NAME OF FATHER Wa med Bonon	(Signed) e rafociar, M. D.
V 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of MOTHER La net Brown	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds.
(Informant) Aua, a. Innes	Where was disease contracted, if not at place of death? Former or usual residence.
(Address Lument Ing 16 Flied March 6, 1913 Coma My Jones REGISTRAR	19 place of Burial or REMOVAL PATE OF BURIAL MEMOUSH IN MEMOUSH 191.3. 20 ANDERTAKEN ADDRESS M. L. LEOGER, Burnerly
more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication, as Day laborer, Farm laborer, Laborer duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupaetc. If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dependentia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, perstonaeum, etc.. Carcinosis of lungs, meninges, perstonaeum, etc.. Carcinosis of lungs, meninges, perstonaeum, etc..

"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puepperal septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genltal," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 28 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always quality all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples: For VIO-



	RECORD	PHYSICIANS should state
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of cartificate.
N RESERVED	H UNFADING INK-	se carefully supplied. AG so that it may be prop
	WRITE PLAINLY, WIT	-Every item of information should be carefully supp CAUSE OF DEATH in plain terms, so that it may important. See instructions on back of certificate.
F. S. No. 1.		N. B.—Every Iter CAUSE O

1 PLACE OF DEATH	3562	STATE OF MARY	
County Frederick		CERTIFICATE OF Registered	DEATH No. 15/
Village or City Burker	ttsville (No.	St; Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF D	EATH
Female Colored	S SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) 17.4. I HEREBY CERTIFY, That I at	9,1913 (Day) (Year)
6 DATE OF BIRTH	A 23 1909	that I last saw hele alive on Add	9 191.3
OCCUPATION (a) Trade, profession, or particular kind of work	mos. 6 ds. 1 LESS than 1 day, hrs. or min.?	and that death occurred on the date stated ab-	ce Brunda
(b) General nature of industry, business, or establishment in which employed (or employer)		Contributory (Duration)	yrs
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OFFATHER (State or country) Z L 12 MAIDEN NAME OF MOTHER	g Bruner d. los Ind,	(Signed) (Buration) (Signed) (Le J. N. D.
OF MOTHER JAIA 13 BIRTHPLACE OF MOTHER (State or country) MU	los Ind.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INS OR RECENT RESIDENTS) At place in the of death yrs mos ds. State	TITUTIONS, TRANSIENTS, YIS, ds.
(Informant) Sarah & (Address) Burks	et of MY KNOWLEDGE Porbly Kitterille Inde		ATE OF BURIAL
Filed Moh. 10 , 1913 9/1	REGISTRAR	20 UNDERTAKER POLIKE B	mar. 1/, 1913. mkittserlle
If more blanks are	a needed, address State Regists	rar, 6 E. Franklin St., Balto., Requesting V. S. No.	i. Gnd,

[Approved by U. S. Census and American Public Health Association.]

should be used only when needed. the nature of the business or industry, and therefore an additional line is provided for the latter statement; cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: The question "Foreman,"

Statement of cause of death—Name, first, the dibease causing death—In affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

mia," "TUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purrereal scoticharmus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencia. scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AB probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncoplasms) : Measles; Whooping cough; Chronic cer" is icss definite; avoid use of "Tumor" for malig-"Contributory." dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." ctc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of __ (name origin : "Can-State cause for Examples: For VIO-

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APR 4 1913
BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING RESERVED MARGIN V. S. No. 1.

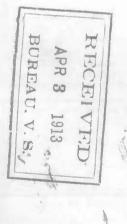
PLACE OF DEATH 3563	STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
- County	Registration Dist. No. 143
Village or City Jeffesson (No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
* FULL NAME Calvu Jonan	Danne,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Abale 4 COLOR OF RACE MARRIED. WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH 8 29 , 1910	March 24, 1913, to March 25, 1913, that I last saw him alive on March 25, 1915
7 AGE (Month) (Day) (Year) 1 f LESS than 1 day,hrs ORmin,?	and that desth occurred on the date stated above, at \$30 A.m.
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Extensión burn our about trois of the trois for from lamp, (Duration) - yrs mos. ds.
9 BIRTHPLACE (State or country) Hondand	(Secondary) (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER	(Signed) , M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) 14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place to the of death yrs mos ds. State yrs mos ds. Where was disease contracted,
(Informant) Jones J. Bussiez. (Address) Defferm. Md.	If not at place of death? Former or usual residence. DATE OF BURIAL DATE OF BURIAL
Filed Mas 26, 1813 Al. R. Etchison REGISTRAR	Quinon Chapel Hora, 1913. 20 UNDERTAKER TChison Jefferson jud
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

rmaterial worked on may form part of the second Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the statement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Bronchopneumonia" ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

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3564 1 PLACE OF DEATH STATE OF MARYLAND Very CERTIFICATE OF DEATH Registration Dist. No If death occurred in RECORD a hospital or institution. give its NAME Instead of sfreef and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 6 SINGLE. 16 DATE OF DEATH MARRIED, WIDOWED Naclewed (Write the word) 17 I HEREBY CERTIFY, That I attended deceased from 7 AGE If LESS than 1 day,....hrs. The CAUSE OF DEATH 8 OCCUPATION AG (a) Trade, profession, or House Wife particular kind of work.... (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary that 10 NAME OF FATHER 80 ō (Signed) ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place OF MOTHER (State or country) of death yrs. mos. ds. DEATH State _____yrs.___ Where was disease confracted. See of If nof at place of death? Former or OF Every Item CAUSE OF Important. usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 Middletown Man 29, 1913 Thomas Ty

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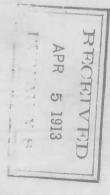
applies to each and every person, irrespective of age fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illgainfully employed, as At sehool or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as Scrvant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, (b) return "Laborer," "Foreman,"

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affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUEEPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasby earbolic acid-probably suicide. The nature of the ture of the American Medical Association.) The contributory (secondary or intercurrent) Meastes (disease causing death), 29 ds., "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of Never report EX

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or, Hedge



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certificate.

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Instructions

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state

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1 PLACE OF DEATH STATE OF MARYLAND 3565 CERTIFICATE OF DEATH Registered No. [if death occurred inWard) a hospital or institution. give Its NAME Instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE if LESS than and that death occurred on the date stated above, at... 1 day,hrs. The CAUSE OF DEATH * was as follows: OR min. ? 6 OCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITAL'S. INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. mos. State Where was disease contracted. If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVA DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purspread septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Coilapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," cer" is less definite; avoid use of "Tumor" for maligi-nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis cause of death approved by Committee on Nomencia-"Contributory." sepsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," ampie: Measles (disease causing death), 29 affection need not be stated unless important. oma. Sarcoma. etc., of ... by carbolic acid-probably suicide. The nature of the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for Examples: For VIO-

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RECEIVED

APR 2 1913

BUREAU, V.S.

8. No.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT 4 2 UNFADING INK-THIS WRITE PLAINLY, WITH

RECORD

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SEX 4 COLOR OR RACE MARRIED, MARRIED, MARRIED, MARRIED, MONTH ORDIVERCED (Write the word) 17 I HEREBY CERTIFY, That I attended The sex and trace of the sex and the	3,1913 (Year)
Marketto, Marveto, Wishowed, Marveto (Month) (Da. (Month) (Da. (Write the word)) 17 HEREBY CERTIFY, That I attended	ay) (Year)
6 DATE OF BIRTH 1	d deceased from
(Month) (Day) (Year) that I last saw h allve on	, 191,
7 AGE I LESS than 1 day,hrs. or mio.? The CAUSE OF DEATH* was as follows:	4
(a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) (Duration) (Duration)	mos. ds.
	mosds.
OF FATHER (Signed) T-Clyd / Coulomber 11 BIRTHPLACE OF FATHER (State or country) (Signed) T-Clyd / Coulomber 12 (Signed) T	· Lau
CAUSES, state (1) MEANS OF INJURY; and (2) whe	ether Acciden-
13 BIRTHPLACE OF MOTHER (State or country) 18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTION OF RECENT RESIDENCE) At place of death yrs ds. State yrs	
Informant) Parrier Control of My KNOWLEDGE (I not at place of death? Where was disease contracted. If not at place of death? Usual residence.	**************************************
15 / Jose / till /h	F BURIAL
Filed McL 231913 J. Plyh / Coutin 20 UNDERTAKER Scow. Pater Com	ss by -

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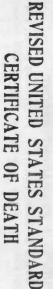
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STATE OF MARYLAND CERTIFICATE OF DEATH . pinous Registration Dist. No. OCCUPATION fit dealb occurred in PHYSICIANS St.;....Ward) a hospital or Institution. RECORD give its NAME Instead of streef and nomber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS Exact statement PERMANENT EXACTLY. 16 DATE OF DEATH S SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Write the I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH classified. (Year) (Month) (Day) TAGE If LESS than and that death occurred on the date stated above, at 10301m. f dayhrs. OR min. ? properly 8 OCCUPATION (a) Trade, profession, particular kind of work (b) General nature of industry, pe supplied business, or establishment la (Doration) may which employed (or employer) Contributory. BIRTHPLACE (Secondary) carefully that It (State or country) 10 NAME OF 80 jo pe .. 191...3. (Address) 11 BIRTHPLACE ARENT OF FATHER (State or country) pinoda *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 5 At place to the OF MOTHER ot death ____ yrs. ___ mos. ___ State _____ grs, ____ mos. ____ ds. (State or country Where was disease contracted. If not at place of death? ā Former or OF Item usual residence. CAUSE OF DATE OF BURIAL 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar & E. Franklin St., Balto., Requesting V. S. No. 1.

ARGIN



[Approved by U. S. Census and American Public Health Association.]

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PHYSICIANS should state of OCCUPATION Is very

AGE should be stated EXACTLY. roperly classified. Exact statement

N. B.—Every item of information should be carefully supplied. AGE should be si CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

RECORD

PERMANENT

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B. No.

	1 PLACE OF DEATH	3568		S	TATE OF MA	ARYLAND	
C	ounty Frederick	••••	(5		RTIFICATE Registration D	OF DEAT	H
\	FULL NAME ONLY	not in	Jun 9.	Phile Dirch	:St.;War	'd) a hospital give Its	ath occurred l l or Institution NAME Instea and oumber.]
	PERSONAL AND STATIST	CAL PARTICULA	ARS	MEDICA	AL CERTIFICATE	OF DEATH	
35	ex 4 COLOR OR RACE	MARRIED, WIDOWED,	8,,0	16 DATE OF DEATH	Month)	17	, 191 3
00	PATE OF BIRTH MY	(Write the wor	.0/3	17 I HERE	(Month) BY CERTIFY, That	(Day)	
(a	(Month		(Year) If LESS than 1 day,hrs. ORmin.?	and that death occurred The CAUSE OF DEATH	on the date state		, 191m
bus wh	General nature of Industry, siness, or establishment in len employed (or employer) IRTHPLACE state or country)	4		Contributory(Secondary)	(Duration)	yrsmo	sds.
TS	10 NAME OF FATHER WIN & C	Coferbag	en	71. 19	u way	eved. M	ds.
PARENTS	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	7. Chap	may	*State the DISEASE (CAUSES, state (1) MEZTAL, SUICIDAL, OF HOMOROUS OF RESIDENTS) At place	NCE (FOR HOSPITALS	d (2) whether	ACCIDEN-
	(Informant)	TOF MY KNOW!	LEDGE	ot death yrs mos Where was disease contracted, If not at place ot death? Former or usual residence		yrs,	ls ds.
15	(Address) Philipse	viel m	^	19 PLACE OF BURIAL O	R REMOVAL DEL	mar/7 7	RIAL , 191. 1
Fil	ed Mor/7 1913	com ho	AX	20 UNDERTAKER		ADDRESS	

Businer MA If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, material worked on may form part of the second mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative wealthfulcated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Never return "Laborer," If the occupation has As examples: "Foreman," (d)

Statement of cause of death—Name, first, the disease Causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal medingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

MU

childbirth or miscarriage, as "Pursperal scottchaemus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measies (disease causing death), 29 ds.: cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncoplasms); Measics; Whooping cough; Chronile. cer" is icss definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of ... "Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary). 10 ds. ture of the American Medical Association.) The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Never report Examples: For VIO-



BINDING

PLACE OF DEATH 3569	STATE OF MARYLAND CERTIFICATE OF DEATH
County Turnel	Registered No. 153
Village or City Brunsench (No	St; Ward) [If death occurred is a hospital or tostitution give its NAME losteat of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SEINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Mm (A 26, 1913 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I sttsnded deceased from Mach 26, 1913, to March 26, 1913, that I last saw here alive on March 26, 1913
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, st. 130 gm. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of iodustry, business, or establishmeat in which employed (or employer) **BIRTHPLACE** (State or country)	Contributory (Secondary) (Duration) yrs mos ds
10 NAME OF MAS Engene Cost	(Signed) Holder March 26, 1913 (Address) Brunewick meg
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Chice Ruse 13 BIRTHPLACE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	of death yrs. mos. ds, State yrs. mos. ds. Where was disease contracted, If oot at place of death? Former or usual residence
(Address) Burswick Ind 16 Filed Mr 96 191 3 Yenn Frak REGISTRAR	Josetharile Va Jul 27, 1813. 20 UNDERTAKER ADDRESS ADDRESS
	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; CAUSING DEATH, state occupation at heginning of illgainfully employed, as At school or At home. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the DISTASE CAUBING DEATH (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

childbirth or miscarriage, as "Purrerial septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measics (disease causing death), 29 de.; nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis. dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State etc., when a definite disease can he ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Examples: cause for For vio-



PLACE OF DEATH 3570	STATE OF MARYLAND CERTIFICATE OF DEATH
County Frederick	Registration Dist. No. 1.31
*FULL NAME Olive M	give its NAME Instead
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE.	MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH
MARRIED, NO. a. 22	(Month) (Day (Year)
DATE OF BIRTH	Feb. 10 1913, to March 3 191
	that I last saw h. L. alive on march 2 ,1913
1 day	is than and that death occurred on the date stated above, at
31 yrs 9 mos 10 ds OR	I THE GRUSE OF DEATH'S WAS AS TOLLOWS
(a) Trade, profession, or Mocuse Wife particular kind of work	
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) / yrs. X mos. X
BEIRTHPLACE (State or country) Margland	Contributory Post o Jeraline, Pneumonia Secondary
10 NAME OF William Coomu	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed)
11 BIRTHPLACE	march 4, 191 3. (Address) Tyre Series ma
(State or country) Mangland 12 Maiden Name OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violen Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE	OR RECENT RESIDENTS)
OF MOTHER (State or country) Maryland	At place of death yrs. mos. 28 ds. State 31 yrs. 9 mos. 10 d
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Boyas Mod
(informant) Jesse C. Covell	Former or usual residence. Boyds Med
(Address) Boyds Mod	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Mar. 3-1913. Dr. Jus. Inc. fu	Met Carriel Com Mar 5, 1913
REGIST	Thomas T. Thice Frederick

[Approved by U. S. Census and American Public Health Association.]

* statement. 'Grocery; (a) Foreman, (b) Automobile factory. fication as Day laborer, Farm laborer, Laborer-Coal gainfully employed, as At school or At home. mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question should be taken to report specifically the occupations duties of the household only (not paid Housekcepers essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as been changed or given up on account of the disease Statement of occupation-Precise statement of occupais very important, so that the relative healthfulthus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, ctc. The contributory (secondary or intercurrent) nant neoplasms); Measles; Whooping cough; Chronie, mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-Accidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. dent; Revolver wound of head-homicide; Poisoned tetanus) may be stated under Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 3 1913

BUREAU, V. S.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING MARGIN RESERVED FOR V. S. No. 1. N. B.

Go	PLACE OF DEATH 3571	STATE OF MARYLAND CERTIFICATE OF DEATH
Vi	Hage or BHY) Monteville (No Copy) 2FULL NAME William N. C.	Registration Dist, No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	A 4 COLOR OR RACE 5 SINGLE, MARRIED, WILLOWED, WILLOWED, WILLOWED, WILLOWED, Wille the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
6 D/	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from Mar 13, 1913, to Mar 24, 1913
	(Month) (Day) (Year)	that I last saw h wir allye on Mar 23 1913
7 AG		and that death occurred on the date stated above, at
	63 yrs	The CAUSE OF DEATH* was as follows:
(a)	Trade, profession, or Plusse.	Tarquelymatos hephilis
(b) General nature of industry, business, or establishment in which employed (or employer)		(Duration) ★ yrs. ★ mos. ★ ds.
9 BIRTHPLACE (State or country) Maryland		Contributory (Secondary) (Quration) Y yrs Y mos ds.
	10 NAME OF Buil An Cronise	(Signed) P. Fatana, M. D.
ENJ	OF FATHER (State or country) / Waryland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
	of Mother Chyabethoosase.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPORTED
	13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place of death yrs mos ds. State yrs mos ds
	Interment) ANNULL OF STATES	Where was disease contracted, It not at place of death? Former or usual residence. Where was disease contracted, It not at place of death?
	(Address) Allevill	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Fil	ed 3/25 1913 JM Gothman	20 UNDERTAKER ADDRESS
f more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		
The state of the s		

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples For persons "Foreman," 9

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumomia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritongeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrereal septichaemus," "Old Age," "Shock." nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) lnjury, as fracture of skull, and consequences (e.g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ ture of the American Medical Association.) Accidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.: "Senile." etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," "Taemia," "Weakness," ... (name origin; "Can-State cause for Examples: For vio-



N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

3572 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH

LIX I	TY. I	CALL	OI	DLA		-
				1	1	0
		Regist	ered	No.	4	7

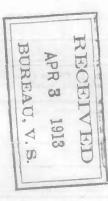
Gounty Afre Mull	Registered No. 44 8
Village or City Back Hords (No. 1)	St.; Ward) [It death occurred in a hospital or Institution, give lis NAME lostead et street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Semale Colored Wisowed, Wisowed, Ordowed (Write the word) G DATE OF BIRTH Colored Warner, Wisowed, Ordowed (Write the word) About 1814	16 DATE OF DEATH March 28 , 1913 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1911, to march 29 , 1913, that I last saw here alive on March 23 , 1913.
(Month) (Day) (Year) 7 AGE It LESS than 1 day,hrs. About 99 yrsmosds. ORmln.?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishmeet in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 2 (State or country)	(Signed) (Signed) (Signed) (Address)
(State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country)	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds.
(Intermant) (Intermant)	Where was disease contracted, If not at piece et death? Former or usual residence.
Filed Mar 29, 1913 VLA // Tanas REGISTRAR	20 UNDERTAKER ADDRESS ADDRESS ADDRESS
If more blanks are needed, address State Registra	

[Approved by U. S. Census and American Public Health Association.]

Cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer cated thus: Farmer (retired 6 yrs.). For persons "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) causing death, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," Salesman, (b) As examples: The question

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Purreral septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis; etc. The contributory (secondary or intercurrent) cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, totanus) injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of . Accidental drowning; Struck by railway train-acci-Measles (disease causing death), 29 ds.; Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," etc. State (name origin; "Can-"Exhaustion," Examples: cause for FOI VIO-



N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A FERMANENT FOR BINDING RESERVED MARGIN

county Trederick 3573	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. /35
Viltage or City Wolfsville (No. 2 FULL NAME Marcha Ellen)	Registered No. 35 [It death occurred a hospital or institute give its NAME loster of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Married, Widowed On Divorced (Write the word) **DATE OF BIRTH TAGE Month (Day) (Year) Tage	16 DATE OF DEATH (Month) (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 15 1913. that I last saw here slive on Med 15 1913. and that death occurred on the date stated above, at 10:30 fg. m The CAUSE OF DEATH* was as follows:
business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER	(Signed) (Duration) yrs mos. 2 of ds (Duration) yrs mos. ds
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Interment) REAL Dagenhar	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death? Former er usual residence.
Filed M. arch 17, 1913 John W. Howver Jacob Registran more blanks are needed, address State Registran	DATE OF BURIAL OR REMOVAL WOLFS wille Md Men 19, 1913 20 UNDERTAKER Enviry Frey WOLFSwille r, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

naterial worked on may form part of the second "Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar death of the disease of phenomena"; Lobar death of the disease of the diseas

cause of death approved by Committee on Nomencia. sepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e.g., such, if impossible to determine definitely. mia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Turnperal septichar-"Ileart failure," "Haemorrhage," "Inanition," "Marascer" is less definite; avoid use of "Tumor" for maliginant neoplasms): Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemin," "Weakness," thenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Brunchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephriting oma. Sarcoma. etc., of Accidental drowning; Struck by railway train—acci-"Colinpse." "Coma," "Convulsions," "Debility" ("Conample: Mcastes (disease causing The contributory Always qualify all diseases resulting from "Senile." etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) (name origin: "Candeath), 29 "Exhaustion," Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 3 1918
BUREAU, V.S.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

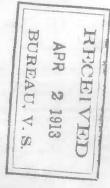
PLACE OF DEATH 3574	STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH Registration Dist. No. 144
Village or City Thurmout' (No	St.; Ward) St.; Ward) [If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Markies Mile While Wip Wip Wip (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17, I HEREBY CERTIFY, That I attended deceased from
Month (Day) (Year)	that I last saw have allow on On hear 21th, 1913.
7 AGE Lyrs Lmos. 5 ds. or min.?	and that death occurred on the date stated above, at
GOCCUPATION (a) Trade, profession, or particular kind of work	(Clelelasis), (Duration) - yrs mos. 5 ds.
9 BIRTHPLACE (State or country) Juay level	(Secondary) (Secondary) (Secondary) (Secondary) (Secondary) (Secondary) (Secondary) (Secondary)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) P- C Sufacever , M. D. State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MC KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mcs ds. State yrs, mcs ds. Where was disease contracted,
(Informant) Mis Jane Centers. Danielle	Former or usual residence.
(Address). Therrown. lef	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL June 1918
Filed Marchall 1913 Anna M. Dries RECISTRAR	Hillfudest Cruger Thurmont
If more blanks are needed, address State Registration	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

iApproved by U. S. Census and American Public Health
Association.]

... C'wil engineer, Stationary freman, etc. But in many At should be used only when needed. :...Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; (a) Spinner, (b) Cotton mill; (a) Salesman, cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second the nature of the business or industry; and therefore an essary to know cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (a) the kind of work and also (b) return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

genital," "Senile," etc.), "Dropsy," "Exhaustion, mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Mcasles (disease causing death), 29 ds.: cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accimia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purereral septichacetc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary). 10 ds. Never report etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis uant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples: For vio-



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Instruction	
See	
at.	

PLACE OF DEATH 3575

County Frederick.

Village or City State Sanatorium, (No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 139

......St.;.....Ward)

[it death occurred in a hospital or institution, give its NAME Instead of street and number.]

FULL NAME Richard S. Dawson.

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	ALE White Single, Married on the White White Whoweo, ORDIVORCED (Write the word)	18 DATE OF DEATH March 10th , 1913 (Month) (Day) (Year) 17 I HEREBY GERTIFY. That I attended deceased from
6 D/	September 26th, 1860. (Month) (Day) (Year)	November 20., 1912, to March 10th, 1913. that I last saw him allve on March 10th, 1913.
7 A C	t LESS than 1 day,hrs. 52 yrs 5 mos. 12 ds. ORmin.?	and that death occurred on the date stated above, at
(a)	CCUPATION Trade, profession, or ficular kind of work	Pulmonary Tuberculosis
busi	General nature of industry, ness, or establishment in General Merchandise Store ch employed (or employer)	(Duration) 3 (?) yrs. — mos. — ds
9 8 I (St	RTHPLACE tate or country) Maryland	Contributory (Secondary) (Dyration) yrs mos ds
	1D NAME OF FATHER William K. Dawson	(Signed) SHUSS, M. D.
V 11 BIRTHPLACE OF FATHER (State or country) Maryland		March 10th 1913 (Address) State Senatorium, Md. *State the Disease Causing Death, or, in deaths from Violent
PARE	12 MAIDEN NAME OF MOTHER Margaret Simmons	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TO ACCIDENT
	13 BIRTHPLACE OF MOTHER (State or country) Maryland.	At place of death yrs mas 18 ds. State yrs
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant). Richard S. Dawson,	Where was disease contracted, Probably at work it not at place of death? Probably at work Former or Harwood, Anne Arundel Co., Md.
15	(Address). Harwood, A. A. Co., Md.	Parole Camp, A.A. Co, Unknown 1913.
File	ed March 12,1913 Cont Stern	20 UNDERTAKER M. L. Creager, ADDRESS Thurmont, Md.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative meaithfulbeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has As examples:

10818 time and causation), using always the same accepted CAUSINO DEATH (the primary affection with respect to pneumonia"); "Croup"); brospinal meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemic cereterm for the same disease. ("Pneumonia," Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc.. Carcin-Typhoid fever Lodar pneumonia; Bronchopneumonia unqualified, is indefinite); Tubercu-(never Examples: Ccrebrospinal report "Typhoid

> cause of death approved by Committee on Nomeucla dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. . Examples: ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF US probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Purreeral schiichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." -"Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." sepsis, tctanus) injury, as fracture of skull and consequences (e. g., by carbolic acid-probably suicide. The nature of the mere symptoms or terminal conditions, such as "Asample: Measles (disease causing oma. Sarcoma. etc., of __ Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for mailg-The contributory "Puerperal peritonitis," etc. State cause for liways qualify, all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Convuisions," "Debility" ("Con-(secondary "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.: or intercurrent; Never report For vio-10

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 2 1918
BUREAU, V.S.

1 PLACE OF DEATH state Very PHYSICIANS should of OCCUPATION IS CORD MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS Exact statement PERMANENT EXACTLY. 5 SINGLE, 4 COLOR OR RACE 3 BEX MARRIEO, WIOOWEO, BINDING OROIVORCEO (Write the word) 6 DATE OF BIRTH stated classified. (Day) (Year) (Month) 4 be If LESS than 7 AGE IS pinous 1 day hrs. FOR THIS properly SOCCUPATION AGE (a) Trade, profession, or INK RESERVED particular kind at work (b) General nature of Industry, supplied. pe business, or establishment in UNFADING may which employed (or employer) ---certificate. 9 BIRTHPLACE (State or country) that it 10 NAME OF FATHER 50 MARGIN ARENTS back 11 BIRTHRLACE terms, OF FATHER (State or country) should 0 PLAINLY, 12 MAIDEN NAME OF MOTHER pisin See Instructions of information 13 BIRTHPLACE = OF MOTHER (State or country) DEATH 14 THE ABOVE IS TRUE OF Item Every item CAUSE OF important. 1.5 REGISTRAR 0 ż If more blanks are needed, address State Registr

3576

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No

St:----Ward)

fit death occorred le a hospital or institution, give its NAME Instead of street and number.]

Maniora delicitional delicition	
16 DATE OF DEATH Much /7 (Day)	191.3 Year)
17 HEREBY CERTIFY, That I attended decease	ed from
Jan 10 191 0 to man 17	1913
hat i last saw her alive on march 3	1910
and that death occurred on the date stated above, at 122	5 P.m.
The CAUSE OF DEATH* was as follows:	
Julzrenlasus	
Illmonary	***************
000000000000000000000000000000000000000	
(Duration) 3 yrs. mos.	ds.
(Secondary)	• • • • • • • • • • • • • • • • • • • •
	4.
(Ouration) yrsmoss	
(Signed) aftonie	, M. D.
may 17, 191 3 (Address) Brunswill.	m
(Address) I Julian (Address)	J. St L.
*State the Disease Causing Death, or, in deaths from V Causes, state (1) Means of Injury; and (2) whether A TAL, Suicidal, or Homicidal.	IOLENT CCIDEN-
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRA	NSIENTS
OR RECENT RESIDENTA) At place in the	
of death yrs mos ds. State yrs, mos.	ds
Where was disease contracted,	
If not at place of death?	
Former or	
usual residence	
19 PLACE OF BURIAL OR REMOVAL DATE OF BUR	AL
Hamisinder ver mitand	. 191 G.
20 UNDERTAKER ADDRESS	7 101.01.
A A A A A A A A A A A A A A A A A A A	, ,
11 727 V Du Dunsury	& In
6 E. Franklin St., Balto., Requesting V. S. No. 1.	1

[Approved by U. S. Census and American Public Health Association.]

"Grocery; (a) Foreman, (b) Automobile factory. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of IIIof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. As examples: additional line is provided for the latter statement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age ness of various pursuits can be known. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," The question

Statement of cause of death—Name, first, the disease causing death—In all respect to the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

"Contributory." scpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasnant neoplasms); Measles; Whooping cough; Chronia, valvular heart disease; Chronic interstitial methylics. ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopneumonia (secondary), 10 ds. Nover report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mallgoma. Sarcoma. etc., of .. The contributory (secondary or intercurrent Measles (disease causing Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of terminal conditions, such as "As-"Dropsy," (name origin; "Candeath), 29 ds.; "Exhaustion," Examples: cause for



N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN F. S. No. 1,

÷.	PLACE OF DEATH 3577	STATE OF MARYLAND CERTIFICATE OF DEATH
Vi	liage or City EMNUTS buy (No	Registration Dist. No. 134 St.; Ward) St.; Ward) If death occurred is a hospital or institution give its NAME lestead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Weale Httle Single, Widowed, Without the word) TE OF BIRTH (Month) (Day) (Year)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1916, to Manda 251, 1913, 1913, 1913.
7 AG		and that death occurred on the date stated above, at 7.30 # m, The CAUSE OF DEATH* was as follows:
(a) part (b) busin whic	CUPATION Trade, profession, or fister of Clority General nature of industry, ess, or establishment in h employed (or employer) ATHPLACE ate or country) Accountry) Accountry)	(Duration) yrs. mos. ds. Contributory Cougust's artholic fraga (Secondary) (Duration) yrs. mos 2 ds.
ARENTS	10 NAME OF FATHER MALE QUE D'Ellou 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) Johnson Causing Dmath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
14 _{TI}	13 BIRTHPLACE OF MOTHER (State or country) Tel curd HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE INTORMATION BERNALIS DIEMONAL	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place lo the of death yrs, mos, ds, State yrs, mos, ds, Where was disease contracted, If not at place of death? Former or usual residence.
16 File	(Address) Jack to Sunday Brown and Brown and Brown and Brown and Brown and Brown and Brown State Registra	19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS LAG & Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar meumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

childbirth or miscarriage, as "Purperral septicharaffection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUST and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: valvular heart disease; Ohronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of _ The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for "Exhaustion," Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 1 1913

BUREAU, V.S.

	1 PLACE OF DEATH	3578	STATE OF MA	RYLAND
	Presence	10	CERTIFICATE (OF DEATH
Co	unty.		Registe	red No.
VI	ilage or City Brunsen	Ch (No.	terman Tul Bout	[If death occurred la a hospital or Institution, give its NAME Instead of street and aumber.]
	PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SE	X 4 COLOR OR RACE 5	MARRIED, Augh WIDDWED, SHOPPORCED WITTE THE WORD	16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That	(Day) (Year)
6 D/	TE OF BIRTH Mall	(Day) , 1.9.	that I last saweh alive on	Dea 191
7 AG	- 0 -	If CESS than 1 day,hrs. ORmin. ?	and that death occurred on the date state. The CAUSE OF DEATH * was as follows:	d above, st m,
(a) par (b) busi	CCUPATION Trade, profession, or ticular kind of work	me	days — ac	yrs. mos. ds.
-	10 NAME OF FATHER OF FATHER OF FATHER (State or country)		(Signed)	yrs mos ds. M. D. M. D. In deaths from Violent
PARE	12 MAIDEN NAME Of WATER OF MOTHER OF MOTHER OF MOTHER (State or country)	Price		••
	(Informant) (Address)	MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
16 FII	10 Mar /3TT 1013 Xcg	in Trust REGISTRAR	20 UNDERTAKER C. N Duck How	ADDRESS Bursen C/ Tes
	If more blanks are ne	eded, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S.	. No. 1,

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. causing death, state occupation at heginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At achool or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) For many occupations a single word or term on the ness of various pursuits can he known. The question tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synodym is "Epidemic cerebrospinal meningitis"); Diphtheria "(avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

"Contributory." childbirth or miscarriage, as "PUERPERAL septichaenant neoplasms); Measies, in market it at nephritis, valuation heart disease; Chronic interstitial nephritis, in the contract of intercurrent. ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mailgby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) tion need not be stated unless important. "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-Examples: FOr VIO-



Mode Golorid Circle the word) Date of BIRTH TAGE It LESS than 1 day, hr. or mos. 26 ds. or min.? Soccupation (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Description of the profession of the particular kind of work. The GAUSE OF DEATH* was as follows: Contributory Scatter or country) Dany fauld To NAME of FATHER (State or country) To NAME of OFF ATHER (State or country) To NA	****	FULL NAME George &	East St.; 2 Ward) [If death of a hospital or give its NAM of street and
MARRIED, WIDOWED, OR ONDONED ON ON ONCE 6 DATE OF BIRTH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended dece. 3 - 20 1913 to 3 - 26 that I last saw h. and all ve on 3 - 25 that I last saw h. and all ve on 3 - 25 that I last saw h. and that death occurred on the date stated above, at 6. The GAUSE OF DEATH* was as follows: 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) Beneral nature of industry, business, or establishment in which employed (or emglyer) 9 BIRTHPLACE (S) (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country) 13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Indement) Mars, Johns State State Logical (In the offeath) Mars, Johns State State Logical (In the offeath) Mars, Johns State State Logical (In the offeath) Mere was disease contracted, I and a place of death Tomore. Where was disease contracted, I and a place of death Tomore. Where was disease contracted, I and a place of death Tomore. Where was disease contracted, I and a place of death Tomore. Where was disease contracted, I and a place of death Tomore. Where was disease contracted, I and a place of death Tomore. Where was disease contracted, I and a place of death Tomore. Where was disease contracted, I and a place of death Tomore. The CAUSE OF DEATH* was as follows: 17 I HEREBY CERTIFY, That I attended dece. 3 - 20 1913 to 3 - 26 The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH* was as follows: 18 DEATH* CRUITEY, That I attended dece. 3 - 20 1913 to 3 - 26 The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH* was as follows: 18 DEATH* CRUITEY, That I attended dece. 3 - 20 1913 to 3 - 26 The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH* was as follows: 19 DEATH* CRUITEY, That I attended dece. 3 - 20 1913 to 3 - 26 The CAUSE OF DEATH* was as follows: 10 DEATH* CRUITEY, That I attended dece. 3 - 20 10 DEATH* CRUITEY		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TAGE Contributory Contributory		MARRIED, WIDOWED.	(Month) (Day
and that death occurred on the date stated above, at		ATE OF BIRTH July 1, 1912	3-20 1913 to 3-26
(b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE (State or country) **DINAME OF FATHER (State or country) **State the DISEASE CAUSING DEAPH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) whether TAI, SUICIDAL, OR HOSTICIDAL. **State the DISEASE CAUSING DEAPH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) whether TAI, SUICIDAL, OR HOSTICIDAL. **State the DISEASE CAUSING DEAPH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) whether TAI, SUICIDAL, OR HOSTICIDAL. **State the DISEASE CAUSING DEAPH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) whether TAI, SUICIDAL, OR HOSTICIDAL. **State the DISEASE CAUSING DEAPH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) whether TAI, SUICIDAL, OR HOSTICIDAL. **State the DISEASE CAUSING DEAPH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) whether TAI, SUICIDAL, OR HOSTICIDAL. **State the DISEASE CAUSING DEAPH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) whether TAI, SUICIDAL, OR HOSTICIDAL. **State the DISEASE CAUSING DEAPH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) whether TAI, SUICIDAL, OR HOSTICIDAL. **State the DISEASE CAUSING DEAPH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) whether TAIL, SUICIDAL, OR HOSTICIDAL. **State the DISEASE CAUSING DEAPH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) whether TAIL, SUICIDAL, OR HOSTICIDAL. **State the DISEASE CAUSING DEAPH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) whether TAIL, SUICIDAL, OR HOSTICIDAL. **State the DISEASE CAUSING DEAPH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) whether TAIL, SUICIDAL, SUICIDAL, SUICIDAL, SUICIDAL CAUSES, STATE (1) MEANS OF INJURY; and (2) whether TAIL, SUICIDAL CAUSES, STATE (1) MEANS OF INJURY; and (2) whether TAIL, SUICIDAL CAUSES, STATE (1) MEANS OF INJURY; and (2) whether TAIL, SUICIDAL CAUSES, STATE (1) MEANS OF INJURY;	7 A	GE It LESS than 1 day,hrs	and that death occurred on the date stated above, at
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 Length OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TROWN More was disease contracted, if not at place of death? Tormer or	pa	rticular kind of work	Brick Preumonia
13 BIRTHPLACE OF MOTHER (State or country) Moasylound 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mars, Johns State State (Informant) Mars, Johns	bus	iness, or establishment in ich employer (or employer)	Contributory Secondary
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usual residence.	bus wh	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE 13 BIRTHPLACE 13 BIRTHPLACE 14 BIRTHPLACE OF MOTHER 15 BIRTHPLACE OF MOTHER 16 BIRTHPLACE OF MOTHER 17 BIRTHPLACE OF MOTHER 18 BIRTHPLACE OF MOTHER 18 BIRTHPLACE OF MOTHER 19 BIRTHPLACE OF MOTHER 19 BIRTHPLACE	Contributory Secondary (Signed) (S

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

3579

ARYLAND OF DEATH

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statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speci-"Grocery; (a) Foreman, (b) Automobile factory. .(a) Spinner, material worked on may form part of the second gainfully employed, as At school or At home. mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Who have no occupation whatever, write None, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the msease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Civil engineer, Stationary fireman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonacum, etc., Carcin-

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Dr. Bounne

APR 8 1913
BUREAU, V. S.

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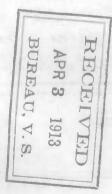
3580 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in St .:....Ward) a hospitai or lostitutico, give its NAME instead of street and oumber. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. 1913 WIDOWED. (Month) (Day) (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) TAGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH* OR min. ? SOCCUPATION (a) Trade, profession, er particular kind of work. (b) General nature of lodustry. business, or establishment in which employed (or employer) Contributory. certificate. BIRTHPLACE (Secondary) (State or country) (Duration) 10 NAME OF 0 . 191.3. (Address). terms, in back 11 BIRTHPLACE ENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-6 AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death _____ yrs. ____ mos. ____ ds. State Where was disease contracted. If not at place of death?-Former or usual residence Every Item CAUSE OF Important. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1/

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Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

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STATE OF MARYLAND PLACE OF DEATH 3581 CERTIFICATE OF DEATH Registration Dist. No. Village or City Near New Market (No. if death occurred in St.:...Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 10 R. m. f day,hrs. The CAUSE OF DEATH * was as follows: OR min. ? 8 OCCUPATION (a) Trade, profession, or none particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) certificate. Contributory..... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 10 terms, on back 11 BIRTHPLACE L OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT ш CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-0 AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER of death yrs. mos. .. (State or country) State Where was disease contracted. If not at place of death? Former or (Informant) usual residence. Important. OR REMOVAL DATE OF BURIAL (Address) 20 UNDERTAKER ADDRESS REGISTRAR more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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APR 1 1918
BUREAU, V.S.

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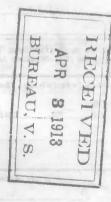
STATE OF MARYLAND 1 PLACE OF DEATH Very 3582 CERTIFICATE OF DEATH Registered No. ilf death occurred inWard) a hospital or institution. give its NAME Instead of street and nomber. I ² FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, merce WIDOWED. (Month) (Day) ORDIVORCED I HEREBY CERTIFY. That I attended deceased from 17 8 DATE OF BIRTH 1629 (Day) (Year) (Month) If LESS than and that death occurred on the date stated above, at 9.30 TAGE 1 day hrs. The CAUSE OF DEATH * was as follows: OR min. ? mos. 20 BOCCUPATION (a) Trade, profession, or narticular kind of work. (b) Beneral nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Address) 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death yrs. mos. ds. State yrs, __... mos. State or country Where was disease contracted. If not at place of death?-----Former or usual residence CAUSE OF Important. DATE OF BURIAL, 1912 15 ADDRESS REGISTRAR m (0 min Dagoot Alent ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. "Manager," "Dealer," etc., without more precise speci-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman,"

Statement of cause of death—Name, first, the DISEABE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Tuphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "Puerperal septichaeby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned mia," "PUERPERAL peritonitis," etc. State mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Ohronic interstitial nephrilip ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. &. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... Accidental drowning; Struck by railway train—acci-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of terminal conditions, such as "As-"Dropsy," "Exhaustion," (name origin; "Candeath), Never report Examples: cause for 29 de.



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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should a CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
WRITE PLAINLY, WITH	Every item of information should be earefully su CAUSE OF DEATH in plain terms, so that it milmportant. See instructions on back of certificate.

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STATE OF MARYLAND 3583 CERTIFICATE OF DEATH Registered No. Ilt death occurred in .Ward) a hospital or institution. give its NAME instead of streef and number.1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, Married (Day) (Month) ORDIVORCED Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Day) (Month) (Year) If LESS than TAGE and that death occurred on the date stated above, at... 1 day,hrs. The CAUSE OF DEATH* was as follows: OR ? mos. BOCCUPATION (a) Frade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) yrs. mos. which employed (or employer) Contributory. 9 BIRTHPLACE (State or country (Secondary) 10 NAME OF FATHER (Signed) (Address) 11 BIRTHPLACE ENT OF FATHER State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-2 TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death yrs. mos. State yrs, mos. ds. Where was disease contracted. 14 THE ABOVE If not at place of death? Former or (Intermant) usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

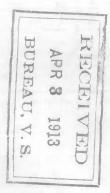


[Approved by U. S. Census and American Public Health
Association.]

statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. As examples: cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has Farmer or Planter, For persons "Foreman," 6

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasen); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperral scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailg: "" cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—aect-LENT DEATHS State MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medicai Association.) Sarcoma, etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-



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	PLACE OF DEATH STO 1	STATE OF MARYLAND	
	Sunty Frederick 3584	CERTIFICATE OF DEATH	
Co	ounty Treasures.	Registered No. 146	
Vi	illage or City Ladisburg. (No. 2 FULL NAME Lee Elizabeth Erb	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]	
		MEDICAL CERTIFICATE OF DEATH	
	PERSONAL AND STATISTICAL PARTICULARS	18	
3 SE	Laurale 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH March 16, 1913 (Month) (Day) (Year)	
6.0	ATE OF BIRTH	hee deceased 133 150 on march 14 to 1913.	
0	0		
	(Month) (Day) (Year)	that I last saw hele allve on March 14th ,1913 .	
7 AC		and that death occurred on the date stated above, at	
	yrsmos. 46 ds. ORmin. ?	The CAUSE OF DEATH* was as follows:	
600	CCUPATION	The child was born by the sid of forces,	
(a)) Trade, profession, or	some injury to chancing woulting, had mal- neitrition and otitie, and died in a convul-	
	rticular kind of work		
business, or establishment in which employed (or employer)		beon before I could get (Buration) yes mos dos	
	IRTHPLACE	Gontributory(Secondary)	
(2)	tate or country) manyland.	(Ouration)mosds.	
	10 NAME OF Charles Raymond Ekb.	(Signed) John J. Ligget N. D.	
S	11 BIRTHPLACE	mar. 16 , 1913 (Address) Ladisburg, md.	
ENT	(State or country) Carroll County, Ind.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT	
ARE	12 MAIDEN NAME D. A.M.	CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.	
PA	OF MOTHER I da Ellen Plaine	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,	
	13 BIRTHPLACE OF MOTHER (State or country) Thederick Country. Md	OR RECENT RESIDENTS) At place In the of death yrs, mos, ds.	
147	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,	
	(Informant) Ida Ellew Plaine	If not at place of death? Former or usual residence	
	(Address) Ladie burg, med.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
15	(Address). Laare warg.	Brave tam Church mar. 17, 1813.	
	Mar 17, 1913 D. C. Grossnichle	Parker G. Grossnickle union Bridge, Med	
_	Dle Grossuffe Legalstran	The control of the state of the	

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3

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second the nature of the business or industry, and therefore an applies to each and every person, irrespective of age who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons eugaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Gröcery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the dibeable causino death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "("roup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pncumouia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Caroin-

ample: Meastes (disease causing death), 29 ds.; dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerpreal septichaecause. Always quality all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... sepsis, tetanus) may be stated under the by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Marascause of death approved by Committee on Nomenclainjury, as fracture of skuil, and consequences (e. g., mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for head or

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 1 1913
BUREAU, V.S.

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INK-THIS IS A	f. AGE should be a properly classified.
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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	m of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should DF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION 1. See instructions on back of certificate.
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3585 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH MA Registered No. Fif death occurred in St .:Ward) a hospitel or institution, give Its NAME Instead ot street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SEX MARRIED. WIDDWED, And the (Month) (Day) (Write the word) 17 I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at 1 deyhrs. OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory. BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) (Address) 11 BIRTHPLACE RENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS DR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ds. State yrs, mos, ds. Where was disease contrected. MY KNOWLEDGE It not at place of death? Former or usual residence. 19 PLACE OF BURIAL TE OF BURIAL 20 UNDERTAKER REGISTRAR

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[Approved by U. S. Census and American Public Health Association.]

fication, as Day laborer, Farm laborer, Laborer-Coal cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, an should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None been changed or given up on account of the DISTABL Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

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APR 2 1918
BUREAU, V.S.

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[Approved by U. S. Census and American Public Health Association.]

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-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is	Important. See instructions on back of certificate.
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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. W. Deventhist: 4 Ward) If death occurred in a hospital or institution. give Its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE S SINGLE. MARRIED Maar WIDDWED, ORDIVERCED (Write the word) DATE OF BIRTH TAGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ds. State yrs. Where was disease contracted. If not at place of death? Former or usual residence 15 20 UNDER If more blanks are needed, address Stat Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

minc, etc. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman," (6)

pneumonia"); Lobar pneumonia; Bronchopneumonia term for the same disease. Examples: Cerebrospinal CAUSING DEATH (the primary affection with respect to lesis of lungs, meninges, peritonaeum, etc., ("Pneumonia," brospinal meningitis"); Diphthcria time and causation), using always the same accepted Statement of cause of death-Name, first, the DISEASE (the only definite synonym is "Epidemic cere-Typhoid unqualified, is indefinite): Tubercufever (never report "Typhoid (avoid use Carcin-

> mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis; nant neoplasms); Measles; Whooping cough; Chronic. oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report the head



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OCCUPATION

STATE OF MARYLAND 3588 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No. ..St.;.....Ward) a hospital or Institution, give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH MARRIED, WIDOWED, L (Month) ORDIVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from (Year) (Day) It LESS than 7 AGE and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH* was as follows: OR min. ? 8 OCCUPATION (a) Trade, protession, or (b) General nature of industry, business, or establishment in which employed (or employer) Contributory (Secondary) State or country) 1D NAME OF (Signed) FATHER ZZ, 191.3 (Address) Imdaleloin 11 BIRTHPLACE ENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. ARE 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER ot death yrs. mos. ds. State yrs. ____ Where was disease contracted. it not at place of death? Former or usual residence. 15 REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[if death occurred in

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; tion is very important, so that the relative lealthfulcated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborerstatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman." As examples: For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPEEAL peritonitis," etc. State cause for childbirth or miscarriage, as "Turnperal septichaemus," "Old Age," "Shock." 'l'raemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras nant neoplasms); Measles; Whooping cough; Chronia ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tctanus) injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the genital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... "Contributory." Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "Asis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds. Examples:



N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exset statement of OCCUPATION is very important. See instructions on hack of eartificate. CORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING MARGIN RESERVED FOR W. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
county Frederica 3589	CERTIFICATE OF DEATH
Village or City Brusevich (No	St; Ward) St; Ward) St; Ward) A hospital or institution give its NAME instead and sumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale White (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased fro
6 DATE OF BIRTH Month 16 9/3 (Year)	that I last saw h & allve on March 26, 1913
7 AGE 11 LESS than 1 day,hrs. ormin. ?	and that death occurred on the date stated above, at 80 37 m The CAUSE OF DEATH's was as follows: 1 Sufcerible Paralysis
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BERTHPLACE (State or country)	Contributory Exauslins (Secondary) (Duration) yrs mos 6
10 NAME OF Jeweis & Florer N 11 BIRTHPLACE OF FATHER (State or country)	(Signed) 36 Needee , M.
12 MAIDEN NAME 1	TAL, SUICIDAL, OF HOMICIDAL.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER MANY 2 Woodcook 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Lewis Create	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the of death

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of iil-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," The

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cere-throspinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonacum, etc.. Carcin-



such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage, as "PUERPEEAL septichaemere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis: cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not he stated unless important. etc. The contributory (secondary or intercurrent) nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accitetanus) may he stated under the head Always qualify all diseases resulting from (Recommendations on statement of etc. State cause for (name origin; "Candeath), 29 ds.; "Exhaustion," Examples: For VIO-10



WRITE PLAINLY, WITH UNFADING INK-THIS IS

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Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

V. S. No. 1.

N. B.

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PLACE OF DEATH 3590	STATE OF MARYLAND CERTIFICATE OF DEATH
County Hrederick?	
	Registration Dist. No. 131
	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
2 FULL NAME COMME YM. CHO	XXXX
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH A 23 - ,191.9. (Month) (Day (Year)
B DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from mar 25 - 1913, to mar 28 - 1913,
(Month) (Day (Year)	that I last saw h Line alive on Mar 22 - 1918
7 AGE It LESS than	and that death occurred on the date stated above, at 12.30 9m,
6 yrs 2 mos 19 ds 0 mon 19 ds 0 0 mon 19 ds	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry,	masus
business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
BIRTHPLACE (State or country) Hredbrick	Secondary Showell J Month Secondary (Duration) yrs mos ds.
10 NAME OF Edward Foland.	(Signed) The Hedges, M.D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER TO GO TO THE TO	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
-	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted.
14 THE ABOVE IB TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Edward Holand	If not at place of death?
made la mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	mr. Clivet Com. mar 24, 1913.
Filed 3-23- 1913 24 Das Inc Courd	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

"". "Manager," "Dealer," etc., without more precise specistatement. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers ness of various pursuits can be known. The question cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, very important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," engineer. (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Fnenmonia," unqualified, is indefinite): Tubercuters of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcastcs (disease cansing "Senile," etc.), "Dropsy," State cause for death), 29 ds.; "Exhanstion," For vio-

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CERTIFICATE OF DEATH I reduced Registration Dist. No I'lf death occurred inWard) a hospital or institution. give its NAME instead 1 Geo. H. Tova of street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR BACE MARRIED, WIDOWED, (Month) (Day) ORDIVORCED HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH allve on (Year) (Month) (Day) If LESS than 7 AGE and that death occurred on the date stated shove, at t day hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) yrs mos which employed (or employer) Contributory. 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, Δ. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ___ mos. .. State yrs, _ Where was disease contracted. If not al place of death? Former or usual residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR musery

STATE OF MARYLAND

....., 191....

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necstatement. Grocery; (a) Foreman, (b) Automobile factory. The fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specithe nature of the business or industry; and therefore an tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. wbo receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. material worked on may form part of the second (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; essary to know Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) return "Laborer," Farmer of Planter, As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

affection need not be stated unless important. childbirth or miscarriage, as "Purrereal scotichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Meastes (disease causing death), 29 ds.: ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of .. dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples: For VIO-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDIMO RESERVED FOR MARGIN

County Speak 3592	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
ViHage or City Montevie Roospe 2FULL NAME Thornas A.	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
TAGE SOUT RESULT	that I last saw h
8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which amployed (or employer) 9 BIRTHPLACE (State or country)	(Duration de Ars. x. mos. y ds. Contributory (Secondary)
11 BIRTHPLACE OF MOTHER SOLL MELOW 12 MAIDEN NAME OF MOTHER SOLL MELOW 13 BIRTHPLACE OF MOTHER SOLL MELOW 13 BIRTHPLACE OF MOTHER (State or country) SOLL MELOW	(Signed)
(Informant) (Address) (Address) REGISTRAR	Where was disease contracted, It not at place of death? Former or usual residence 19 PLACE OF BURIAL OF REMOVAL ADDRESS 20 UNDERTAKER O. Schwirden ADDRESS Prelly Med
If more blanks are peeded, address State Regis trar. 6	E. Franklin St. Baito Requesting V S No 1

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Realthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, For persons (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lodar pneumonia; Bronchopneumonia ("Tneumomia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrereal scotichaeetc., when a definite disease can be ascertained as the "Kart fallure," "Haemorrhage," "Inanition," "Maras. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronica oma. Sarcoma. etc., of .. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, BUICIDAL, OF HOMICIDAL, OF AS probably "Collapse." "Coma," "Convulsions," "Deblity" ("Convalvular heart disease; Chronic interstitial nephritis Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Old Age," "Shock," "Tracmia," "Weakness," Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of (name origin; "Can-State cause for Examples: For vio 0

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
APR 5 1913
BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN V. 8. No. 1.

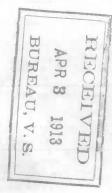
County The State 3593	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registered No. / 2/1
Village or City Joseph (No. 15	[if death occurred in a hospital or institution, give its NAME instead
FULL NAME Charles M. Be	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Manch 2 9 to 1913 (Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended deceased from
Month (Day) (Year)	That I lest saw have all ye on Franch & 9, 1913,
7 AGE (Month) (Day) (Tear)	and that death occurred on the date stated above, at 6
5 / yrs. / mos. 6 ds. ORmin.?	The GAUSE OF DEATH* was as follows:
(a) Trade, protession, or Markethman particular kind of work	
(b) Oeneral nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. 6 mos. 4 ds.
9 BIRTHPLACE (State or country) Individe Ind-	(Secondary) (Deration) (Deration) (Deration) (Deration)
10 NAME OF Hun Valer	(Signed) Bothomus, N. D.
of Father (State or country)	*State the Diskass Causing Death, or, in deaths from Violent
W OF FATHER (State or country) Marie Co	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Finderson Ma	OR RECENT RESIDENTS) At place In the of death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Intermant) Leurs & Stauly	Former or usual residence.
(Address) Priderich	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 3-29- 191 3-Da Draf Inc County	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The first line will be sufficient, e. g., cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. material worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. Women at home, who are engaged in the additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulessary to know Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Laborer," "Foreman," If the occupation has Farmer or Planter, For persons (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum,

affection need not be stated unless important. "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mla," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purspural septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seniie," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Ohronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic. cer" is iess definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of .. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-ACCIDENTAL, BUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory tctanus) may be stated under the head (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for

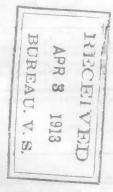


[Approved by U. S. Census and American Public Health
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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECO	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIC CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC important. See instructions on back of certificate.
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3595

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County Frederick	

Village or City State Sanitorium (No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

...St.;....Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

FULL NAME Ada E. Gantt. (Mrs. James Gantt)

	PERS	ONAL AND STATISTIC	CAL PARTICULA	RS	MEDICAL CERTIFICATE	OF DEATH	
3 SE	emale	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIOOWEO, ORDIVDRCED (Write the WOR	arried	16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY. Tha	16the, , 1913. (Day) (Year)	
6 D	ATE OF BIR	TH March (Month)		, 1.883. (Year)	Teby. 16th. 1913, to M	arch 16th., 1913.,	
TA	G E	29 yrs. 11	mos. 21 ds.	If LESS than t day,hrs.	and that death occurred on the date state The CAUSE OF DEATH* was as follows Pulmonary Tubercu		
(a) pai	General nature	on, or work Housewi of Industry,	fe				
bus	lness, or estal ich employed (o	r employer)Househ	old duties	3.0	(Duration)		
9 B (S	IRTHPLACE tate or count	try) Maryland			(Secondary)	yrs mos ds.	
	10 NAME O	OF	eller		(Signed)	SA G., N. D.	
PARENTS	11 BIRTHP OF FAT (State of		rmany	TO LE U	March 16th 1913 (Address) State Sanitorium, Md. State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT		
	12 MAIDEN OF MO		epper	6	CAUSES, state (1) MEANS OF INJURY; and (2) whether A TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRA		
	13 BIRTHP OF MOT (State or	LACE	ermany		At place of death		
		IS TRUE TO THE BES			Where was disease contracted, If not at place of death? Former or usual residence. Annapolis, A A	ay home.	
	(Address)	Annapol:	is Maryla	nd	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL	
1 5 Fl	0	h 17,1913. 6.	1. Ste	in	Annapolis, A A Co., Md.	Unknown, 1913	
				REGISTRAR	M. Lm Craeger,	Thurmont, Md.	

[Approved by U. S. Census and American Public Health Association.]

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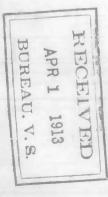
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BUREAU, V.S.

[Approved by U. S. Census and American Public Health

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Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc..

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V. S. No. 1.

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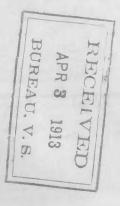
Co	PLACE OF DEATH 3597	STATE OF MARYLAND CERTIFICATE OF DEATH		
		Registration Dist. No. / 3 /		
V	Hiago or City Frederick (No. 1), (No. 2)	Jettinger St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]		
	A A	A		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SE	Annale White Stringter, Widowed on Orgivored Write the word)	Month) (Day) (Year)		
8 D	ATE OF BIRTH	HEREBY CERTIFY, That I attended deceased from		
	3 - 21 1834	march 5 1913, to march 10, 1913,		
	(Month) (Day) (Year)	that I last saw her allve on march 10 ,191		
7 AC	if LESS than	and that death occurred on the date stated above, at 9 2 m.		
	7.5 // t day,hrs.	The CAUSE OF DEATH* was as follows:		
(a) par	yrs	Chronic Valvaler hearthing		
busi	ness, or establishment in chemployed (or employer)	Gontributory acule dilatation of heat. (Secondary)		
	10 NAME OF FATHER MAN	(Surged) (Ouration) F. yrs. K. mos. 10 ds.		
S	John Mayers	march 3, 191 3 (Address) Frederick me		
ARENT	OF FATHER (State or country) Manyland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Account		
PAR	12 MAIDEN NAME OF MOTHER MAN A BUT I SILVER	TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,		
	13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place in the of death yrs, mos ds. State yrs, mos ds		
14 _T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?		
	Interment, Mas Sea Wallace	Former or usual residence.		
	(Address) Frederick, Mod	19 PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL		
15	9 19 9 9 9 9 9 9 9	Mt. Clivit Comutiny Mas 13, 1913 20 UNDERTAKER ADDRESS		
FII	REGISTAGE	To be barte Frederick my		
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[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of IIIbeen changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-('oa) "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman,"

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mia," "PUERPERAL peritonitie," etc. State cause for mus," "Old Age," "Shock," 'Traemia," "Weakness," valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as etc., when a definite disease can be ascertained as the "Figart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. oma. Sarcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," "PUERPERAL septichae-... (name origin; "Can-Examples:



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STATE OF MARYLAND CERTIFICATE OF DEATH lif death occurred inWard) a hospital or institution. give its NAME instead ot street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDD WED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from Tari 19, 1913, to that I last saw h Malive on (Month) (Day) (Year) TAGE if LESS than and that death occurred on the date stated above, at 10 1 day. hrs. The CAUSE OF DEATH* was as follows: OR min. ? artelastasis. 6 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) Contributory..... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country of death yrs. mos. ds. State yrs. mos. Where was disease contracted. It not at place of death?. usual residence. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease is a feetfon with respect to time and causation), using disease the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologies

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If more blanks are needed address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

3599

1 PLACE OF DEATH

County Frederich

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

[If death occurred in a hospital or Institution. give Its NAME Instead of street and number 1

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[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. "Grocery; (a) Foreman, (b) Automobile factory. material worked on may form part of the second applies to each and every person, irrespective of age. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as it should be used only when needed. essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," write None. As examples: "Foreman,"

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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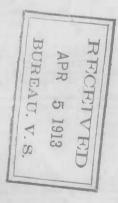
STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. nontevue Koospital If death occurred in St.;....Ward) a hospital or institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, 405 WIDOWED, (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH that I last saw h. A. allve on (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at..... 1 day,hrs. The CAUSE OF DEATH * was as follows: 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment In which employed (or employer) Contributory. State or country) (Secondary) (Duration) 10 NAME OF FATHER 11 BIRTHPLACE (Address) PARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER Instruction 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTA 13 BIRTHPLACE OF MOTHER (State or country) yrs. 6 mos. H. ds. State Where was disease contracted, If not at place of death? usual residence. DATE OF BURIAL (Address). 15 ADDRESS If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

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1 PLACE OF DEATH

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If more blanks are needed, address State Legistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

OR?

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No.

a hospital or institution. give its NAME instead ot street and number. MEDICAL CERTIFICATE OF DEATH DATE OF DEATH I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, et The CAUSE OF DEATH * was as follows: (Duration) Contributory Secondary (Signed) ., 191.3.. (Address) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. ALENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) In the ot death yrs. mos. ds. State yrs. Where was disease contracted. If not at place of death?... Former or usual residence. DATE OF BURIAL 20 UNDERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

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APR 3 1918
BUREAU, V. S.

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[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal statement. the nature of the business or industry; and therefore an cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: "Foreman," (d)

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which surgical operation was undertaken. For viochildbirth or miscarriage, as "Puerperal septicharmus," "Old Age," "Shock," "Uraemla," "Weakness," mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasample: Meastes (disease causing death), 29 affection need not be stated unless important. nant ncoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis oma. Surcoma. etc., of The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head (secondary or intercurrent) (name origin; "Can Never repor Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 1 1913
BUREAU. V. S.

County Frederick	303	CERT	ATE OF MAR' IFICATE OF	DEATH
VIIIage of City Frederick (no. 127 E.		St.; - Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTIC	ULARS	MEDICAL	CERTIFICATE OF	DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCE (Write the	word)	DATE OF DEATH	Month)	(Day (Year)
S DATE OF BIRTH (Month) (Day	1828 0	Jan 11	913, to Mac	eltended deceased from
7 AGE 84 yrs 7 mos 23	If LESS than and	that death occurred o		bove, at 10-304
**SOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry,	ife	arline	, - Selv	Y 7 7 2 3
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)		Contributory Crassecondary	(Duration) 2	yrs mos d
	Cheis (Sign	note!	tours	yrs 3 mos d
11 BIRTHPLACE OF FATHER (State or country) Manyla 12 MAIDEN NAME OF MOTHER M	CA TA	*State the DISEASE C USES, state (1) MEAN L, SUICIDAL, OF HOMIC	AUSING DEATH, or, i	n deaths from VIOLEN (2) whether ACCIDEN
13 BIRTHPLACE OF MOTHER (State or country) Margle	At pl of de	R RECENT RESIDENTS	In the	yrs, mos d
(Intermant) Mollie Hools	If no Form usua	t at place of death? er or I residence	000000000000000000000000000000000000000	
(Address) 27. 6. Flour		T. Oliver		Moar 201913
Filed 3-19 ,1913 . Dr. Irag 91		INDERTAKER		ADDRESS
If more blanks are needed, ad	dress State Registrar, 6	E. Franklin St., Balto	, Requesting V. S. 1	No. 1,

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal "Maniger," "Dealer," ctc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. ness of various pursuits can he known. The question should he taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer For many occupations a single word or term on the who have no occupation whatever, write None cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may he indl-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, A. nant neoplasms); Mcasles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." scpsis, tctanus) may he stated under the head of "Contributory." (Recommendations on statement of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), (secondary or intercurrent) "Dropsy," death), 29 ds.; "Exhaustion," Never report For vio-Ex-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

BUREAU, V. S.

APR 3

N.B.

(Priginal	
PLACE OF DEATH	STATE OF MARYLAND
County Frederick 2601	CERTIFICATE OF DEATH
3604	Registered No. 135
Village or City Wolfsville (No.	St; Ward) [It death occurred is a hospital or institution give its NAME instead of street and number.]
FULL NAME mary Anne 6	erzabelh HWW
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale While Single, widowed who on on over one of the word)	16 DATE OF DEATH Watch 17, 1913 (Month) (Day) (Year)
B DATE OF BIRTH	mch 12, 1913, to much 16, 1913
(Month) (Day) (Year)	that I last saw heat allve on Such 16, 1913.
AGE It LESS than	and that death occurred on the date stated above, at 6 a. m
7 9 yrs. 9 mos. 21 ds. or min.?	The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry,	Congestion J Brain
business, or establishment in which employed (or employer)	(Duration) yrs. mos. 7 ds
BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF FATHER MUNSON	(Signed) (Signed) (Duration) yrs mos 2 d. ds
O 11 BIRTHPLACE	meh 17, 1813. (Address) Wolfsiells
(State or country)	*State the DISEASE CAUSING DEATH, or, an deaths from VIOLENT CAUSINS, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of Mother Elizabeth Swope	18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mes ds.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of death?
Informant) facul Lewis	Former or usual residence
(Address) Smishalung Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
5 March 19th 1912 & Sand W. Harriser	7 Volfsville meh. 19, 1913:
Filed March 17", 1913 Julia J. Coover REGISTRAR	Bitto Base mas in 2
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum,

scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerpenal scoticharcause. mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Meastes (disease causing nant neoplasms): Measles; Whooping cough: Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritiv cer" is less definite; avoid use of "Tumor" for mailg-1,0 oma. Sarcoma. etc., of Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," (Recommendations on statement of (name origin; "Candeath), 29 ds.; State cause for "Exhaustion," Never report Examples: For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 INK-THIS RESERVED WRITE PLAINLY, WITH UNFADING MARGIN

V. S. No. 1.

	ACE OF DEATH Trederick	3605 US	STATE OF MACCERTIFICATE OF MAC	OF DEATH Vist. No. 3
	TULL NAME &	(1.0)	Hussmall	a hospital or Institution, give its NAME instead of street and number.]
PER	SONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX	M	ARRIED Mooried ROJVORCEO Vite the word)	(Month)	② , 1913 (Day (Year)
6 DATE OF BI		22 , 1860 (Day (Year)	that I last saw harmalive on Z	March 1913 March 1913
7 AGE	53 yrs 1 mos	It LESS than	and that death occurred on the date state. The CAUSE OF DEATH* was as follows.	
(a) Trade, protes particular kind o (b) General natu	slon, or bigar t work bigar	Makes	Udeus - Da	reaccea
business, or es which employed BIRTHPLAC (State or	(or employer)		Contributory Miliary Ju	lereulosio
10 NAME FATH	ER George F.	Hussma	(Signed) Stoff (Duration).	, M. D.
12 MAIDE	N NAME	iany.	*State the Disease Causino Death, Causes, state (1) Means of Injury; Tal, Suicidal, or Homicidal.	or, in deaths from VIOLENT and (2) whether ACCIDEN-
13 BIRTH OF MC (State	or country)	reland	18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At place In the	LS, INSTITUTIONS, TRANSIENTS
14 THE ABOVE	Moony Hou	My KNOWLEDGE	Where was disease contracted, It not at place of death? Former or usual residence.	
(Address	y OV, Fro	with St	Mot. Clivet Con 20 UNDERTAKER	DATE OF BURIAL
Filed 3-3	, 1913	REGISTRAR	The area of the	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

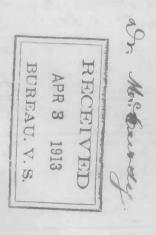


[Approved by U. S. Census and American Public Health Association.]

(a) Grocery: (a) Foreman, (b) Automobile factory. The statement. inaterial worked on may form part of the second should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, ctc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to cach and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the who have no occupation whatever, write Nonc. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-Spinner, If retlred from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-aceiis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of death), 29 State cause for "Exhaustion," ds.



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UNFA	carefully that It
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WRITE

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No. 30

3 SEX 8 DATE OF BIRTH 7 AGE BOCCUPATION certificate. 9 BIRTHPLACE (State or country) J O back of information s DEATH in plain See Instructions 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLE CAUSE OF I

Male

(a) Trade, profession, or

particular kind of work. (b) General nature of Industry, business, or establishment in

> 10 NAME OF FATHER

PARENT

15

11 BIRTHPLACE

13 BIRTHPLACE

OF FATHER 12 MAIDEN NAME

OF MOTHER

OF MOTHER

Very

PHYSICIANS should of OCCUPATION IS

RECORD

PLACE OF DEATH

3606

George Jeffries

County Frederick,

2FULL NAME..

Village or City State Sanatorium Md (No.

which employed (or employer)

PERSONAL AND STATISTICAL PARTICULARS

(Address) Sparrows Point Md.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:....Ward)

[If death occurred in a hospital or institution. give Its NAME Instead of sfreef and number. 1

RSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
4 COLOR OR RACE Single, MARRIEO, White Widoweo, Single Orgivorace (Write the word)	16 DATE OF DEATH March 10th., 1913. (Month) (Day) (Year)		
September 27th, 1879. (Month) (Day) (Year)	October 23rd, 1912., to March 10th, 1913 that I last saw h im. alive on March 10th, 1913		
If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 11:30 Pom. The CAUSE OF DEATH* was as follows:		
ion fession, or 1 of work Brakeman	Pulmonary Tuberculosis Tuberculous Laryngitis		
afure of Industry, establishment in Railroad Work d (or employer)	(Duration) 3.(?) yrs. — mos. —		
ountry) Scotland	Gontributory (Secondary) (Doctor) yrs mos d		
HEOF Alfred Jeffries	(Signed) , M. D		
THPLACE FATHER te or country) Scotland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether accidental, Suicidal, or Homicidal. **State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. **Is Length of Residence (For Hospitals, Institutions, Transients or Recent Residence in the of death yrs. 4 mos. 15 ds. State 12 yrs. — mos. — diwhere was disease confracted, if not at place of death? Probably at work. **Former or usual residence Sparrows Point, Md.**		
DEN NAME MOTHER Agnes Middleton			
THPLACE MOTHER or country) Scotland.			
George Jeffries,			
ress) Sparrows Point, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Baltimore, Md. Unknown		
1ch/2, 1913 De Slein REGISTRAR	20 UNDERTAKER ADDRESS M. L. Creager, Thurmont, Md.		

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples additional line is provided for the latter statement the nature of the business or industy; and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, pot who receive a definite salary), may be entered as statement. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, For persons (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 2 1918
BUREAU, V. S.

tate
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Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.
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Every Item of information should be carefully su CAUSE OF DEATH in plain terms, so that it main protant. See instructions on back of certificate.
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3607 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or Institution. give Its NAME Instead ot street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, Servale 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. (Write the word) 17 I HEREBY CERTIFY, That I attended deceased DATE OF BIRTH 191....., to that I last saw h alive on (Month) TAGE If LESS than and that death occurred on the date stated above, at t day,hrs. The CAUSE OF DEATH * was as follows: BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory 7. (State or country) Secondary 10 NAME OF (Signed PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL, 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER ot death yrs. mos. State yrs. ___ mos. Where was disease contracted.

if not at place of death?. Former or usual residence

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

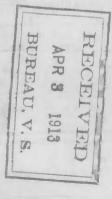
"Manager," "Dealer," etc., without more precise speci-Groccry; (a) Foreman, (b) Automobile factory. material worked on may form part of the second fication as Day laborer, Farm laborer, Laborer-Coal statement. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulgainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, ctc. Women at home, who are engaged in the it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indl-Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meulingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis,-nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. iujury, as fracture of skull, and consequences (e. g., Aecidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite discase can be ascertained as the "Heart failure," "Haemorrhage," "Inanttion," "Marascause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. ture of the American Medical Association.) is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of The nature of the Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

or Boune



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT FOR BINDING RESERVED MARGIN V. S. No. 1.

1 PLACE OF DEATH 3608	STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
	Registration Dist. No.
*FULL NAME Aarou	[It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, Mar WIDOWED, ORDIVORCEO (Write the word)	red 16 DATE OF DEATH May 22, 1913 (Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Afr 3 (North) (Day	1841 that I last saw h is alive on march 24 ,1913
	LESS than and that death occurred on the date stated above, at 8-35'
	day,hrs. The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or	Gjosma
(b) General nature of Industry,	
business, or establishment in which employed (or employer)	(Ouration) yrs mos 946.ds
9 BIRTHPLACE (State or country) Manueland	Secondary Mulastas les Misters
10 NAME OF FATHER	(Signed) (Si
on 11 BIRTHPLACE	3/54, 1913 (Address) Federica me
Z OF FATHER (State or country) & Out / Kesoes 12 Maiden Name OF MOTHER (STATE OF MOTHER)	State the DISEASE CAUSING DEATH, or. In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
M OF MOTHER COOLST NAME	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. // mos. // ds. State // yrs, // mos. // ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED	Where was dispass contracted
(Interment) Mors Misserva Jose	Former et weed residence. Mot Pleasant,
(Address) 317 Klincharts x	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Filed 3-24-1918, Ar-Ira & In	Selver Hoill, Cess Moan 24, 1913. ADDRESS
Fied	(STRAR Shownes J. Ruce Strederick
If more blanks are needed, address &	state Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as essary to know (a) the kind of work and also (b) For many occupations a single word or term on the who have no occupation whatever, write None, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

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oma, Sarcoma, etc., of..... (name origin; "Cancause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic sepsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Concause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for mallg-The contributory Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) "Exhaustion,"

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APR 3 1913
BUREAU, V.S.

OCCUPATION PHYSICIANS

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requestlug V. S. No. 1.

REGISTRAR

ADDRESS



[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritist. aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Canthenia," "Anaemia" (merely symptomatic), "Atrophy," LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. ture of the American Mcdical Association.) cause of death approved by Committee on Nomencla-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," For vio-

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BUREAU, V.S.

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V. S. No. 1.

1 PLACE OF DEATH

3610

County Freder	ek	9-	CERTIFICATE OF DEATH Registration Dist, No. 149
Village or CHy Moc	Joann.	in g	St.; Ward) [If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND	STATISTICAL PARTICULA	RS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OF Remale Whe	MARRIED	dowed	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH	(Month) (Day	, 18749 (Year)	mand 1 , 1913 to mand 4 , 191 that I last saw here alive on mand 4 , 191
TAGE LOH YES	mos ds.	If LESS than f day,hrs.	and that death occurred on the date stated above, at
particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE	Gome of &	lose	(Duration) yrs. mos.
(State or country)	P 7- 1		Contributory
10 NAME OF FATHER	Souisia. In Byr	ne	(Signed) C. Duration) rs. mos. (Signed) C. Duration) , M. M. M. M. M. M. M. M. M. M. M. M. M. M. M
10 NAME OF FATHER 11 BIRTHPLACE OF MOTHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	bouisiand In Byr Vocland Vocland	ne	(Signed) (Duration) (Duration) (Signed) (Duration) (Dur
10 NAME OF FATHER 11 BIRTHPLACE OF MOTHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER	bouisiand for Byr Dreland Dary, Dreland THE BEST OF MY KNOWL has E. Fleag 4 th St.	ta	(Signed) (Duration) (Duration) (Signed) (Signed) (Duration) (Durat

STATE OF MARYLAND

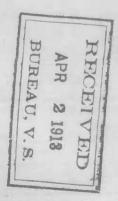


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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

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properly classified.

See Instructions on back of certificate.

Important.

N. B.

BINDING

RESERVED

MARQIN

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1 PLACE OF DEATH

County.	Fre	deri	ck	



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City State Santtorium (No. , St; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number,]

FULL NAME James Washington Knight

	PERSONAL	AND STATISTIC	CAL PARTICULA	RS	MEDICAL CERTIFICATE	OF DEATH
3 SE	ale 4	COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED, ORDIVORCEDS 1 (Write the wor	ngle	18 DATE OF DEATH March (Month	
8 D	ATE OF BIRTH	Octobe (Month)	r 8th		February 19th, 191 3, to Methat I last saw h.im	rch 28th., 1913
TAC		6yrs	.mos. <u>20</u> ds.	If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stat The CAUSE OF DEATH* was as follows Acute Cardiae Di	
(a)	CCUPATION Trade, profession, or ticular kind of work	Ship	ing-clerk		Pulmonary Tubero	
hue	General nature of ind iness, or establishma ch employed (or emplo	int in	own	00102011110701077770000	(Duration) .	2(?)rsds
9 BI	RTHPLACE tate or country)	Maryla	nd		Gontributory (Secondary) (Duration)	Myrs mas de
	10 NAME OF FATHER	W Willia	m J. Knigh	ıt.	(Signed)	Ausey, D. D.
ENTS	OF FATHER (State or cou		daryland		*State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY;	r in double from Vice
PAR	12 MAIDEN NAI		nia Garnish	1	18 LENGTH OF RESIDENCE (FOR HOSPITA	LS, INSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE OF MOTHER (State or country) Lianyland		at place in the of death yrs, mos, ds. State yrs, mos, ds			
	(Intermant)			LEDGE	Where was disease contracted, if not at place of death? Probably Former or usual residence. Highlandtown, Ba	
	(Address).322	22.Colgate	St. Highl	andtown	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
16 FI	ed March 24			more, Md	20 UNDERTAKER	Unknown, 1913.
			addrags State	REGISTRAR	MI.L. Craeger,	Thurmont, Md.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.), CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when necded. the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, Irrespective of age ness of various pursuits can he known. The question tion is very important, so that the relative Healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, As examples: For persons (6)

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APR 2 1913

BUREAU, V.S.

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN	mation shin the plain the ructions of
IRITE P	of infor
*	B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact stateme important. See instructions on back of certificate.

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PHYSICIANS should state of OCCUPATION is very

RECORD

1 PLACE OF DEATH 3612

County Frederick

Village or City State Sanitorium (No.

Louis Warmaniak



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 139

St.;....Ward)

[It death occurred in a hospital or institution. give Its NAME instead ot street and number.]

	-FOLL NAME	L	T.S. PIMPHIC			100000000	
PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH		
	sex 4 color or race 5 single, MARRIED, White Widowsc, ORDIVORCED Single		16 DATE OF DEATH March 19the, 19th (Month) (Day) (Yea				
DATE OF BIRTH May lst., 1 887.				,	Janye 1ste, 1913, to March 19the, 191th that I last saw him alive on		
AGE 11 LESS than 1 day,hrs. 25 yrs. 10 mos. 19 ds. ORmin.?		and that death occurred on the date stated above, at					
12	CCUPATION) Trade, profession, or rticular kind ot work	Cigar=	maker	***************************************	Pulmonary Tube: Pulmonary Hemo	rculosis rrhage	
bus	General nature ot industry, siness, or establishment in ich employed (or employer)	1			(Duration)	5 (?) yrs ds.	
B	IRTHPLACE tate or country)	Russia			Contributory (Secondary)	Ars	
	10 NAME OF FATHER			(Signed)	Helfly W.D.		
UNION IN	11 BIRTHPLACE OF FATHER (State or country) Russia			SE F	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
PAKE	12 MAIDEN NAME OF MOTHER	N NAME					
	13 BIRTHPLACE OF MOTHER (State or conutry)		At place in the Ten years. of death yrs mos. 19 ds. State yrs mos d				
	(Informant) Louis			LEDGE	Where was disease contracted, if not at place of death?		
5	(Address)8QC	Hanove:	r St., Balt	io., Md.	19 PLACE OF BURIAL OR REMOVAL Baltimore Md.	DATE OF BURIAL	
Fi	lled March 20. 19	13.60	V. Olev	REGISTRAR	20 UNDERTAKER M. L. Craeger.	ADDRESS Thurmont. Md.	

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age (a) Spinner, (b) Cotton mill; (a) Salcsman, additional line is provided for the latter statement essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," ""Foreman," As examples For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum; etc., Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsie, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Collapse." "Coma," "Convulzions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary). 10 ds. ample: Measles (disease causing death), 29 ds.: nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for mails: The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL scptichae-Never report Examples:

tend



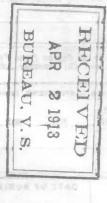
	1 PLACE OF DEATH	STATE OF MARYLAND
	3613	CERTIFICATE OF DEATH
Co	unty Islanck	Registered No. 137
	\mathcal{L}_{1}	
Vi	llage or City llan A steety (No.	St; Ward) [It death occurred in a hospital or institution,
	5 1. 6 1	give its NAME instead of street and number.]
	FULL NAME OSSASETTA	replumbered
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	widowed, singer	16 DATE OF DEATH Man 5: Ch 191.3 (Month) (Day) (Year)
1-1	(Write the word)	17 HEREBY CERTIFY, That I attended deceased from
o D	ATE OF BIRTH	1/60 14, 1913, to Mar 5 , 1915,
	(Month) (Day) (Year)	that I isst saw h alive on, i91
7 AC		and that desth occurred on the date stated above, at
	2 4 yrs. 6 mos. 7 ds. ormin.?	The CAUSE OF DEATH* was as follows:
8	CCUPATION	G G
(8)	Trade, profession, or	wence /nangerstoks
	ticular kind of work General nature of industry,	<u> </u>
busi	ness, or establishment in	(Duration) yrs mos ds.
-	ch employed (or employer)	Contributory Carchae Insuffrency.
(8)	RTHPLACE (ate or country)	(Secondary)
	10 NAME OF	(Correct) (1. 15 S 12 C M. mos. ds.
	FATHER John M. Least	20 A
TS	11 BIRTHPLACE	Mar 6, 1913 (Address) dillerly down . Hed
ARENT	(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
PAR	of MOTHER OSEMbine R. Burel	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	of Mother (State or country)	At place In the of death yrs mos ds. State yrs, mos ds.
147	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Interment) John for Lease	Former or
	Tile tite to	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
	(Address) Aurylown fud,	Contral Constant Med 8 1913
15 FII	ed Mar 6 ,1913 Mw D, Curfuses	Albaugh Howell disact low to
-	If more blanks are needed, address State Registre	ar, 6 E. Frankija St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; applies to each and every person, irrespective of age CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as nine, etc. "Manager," "Dealer," etc., without more precise speci-It should be used only when needed. the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcinoscis of lungs, meninges, periionaeum, etc.. Carcinoscis of lungs, meninges, periionaeum, etc...

such, if impossible to determine definitely. nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) - may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis. cer" is less definite; avoid use of "Tumor" for malig... cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g. Accidental drowning; Struck by railway train-accl-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. ture of the American Medical Association.) "Contributory." mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Sarcoma. etc., of .. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can, ... State cause for Never report Examples: For VIO-01



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MARGIN

fif death occurred in

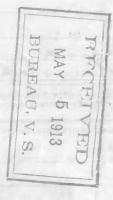
(Year)

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question CAUSING DEATH, state occupation at heginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative mealthfuiwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indithus: Farmer (retired 6 yrs.). For persons Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," 6

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carcin-

childhirth or miscarriage, as "Purperal scottchacetc., when a definite disease can he ascertained as the ture of the American Medical Association.) injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for mus," "Oid Age," "Shock," "Uraemia," "Weakness," -Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not he stated unless important. valvular heart disease; Chronic interstitial nephrifia nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of ... cause of death approved by Committee on Nomencla-"Contributory." The contributory (secondary or intercurrent) tetanus) may he stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 de.; "Exhaustion," Examples: For vio-



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PHYSICIANS should of OCCUPATION IS Exact statement classified. properly pe that to terms, n back 6 ATH in plain instructions o EATH 0 OF Important. Every its

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STATE OF MARYLAND 1 PLACE OF DEATH 3615 CERTIFICATE OF DEATH Registered No [If death occurred in .Ward) No. a kospital or Institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Day) Write the word) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH (Day) (Year) (Month) If LESS than 7 AGE 1 day, hrs. The CAUSE OF DEATH* was as follows: OR 7 8 OCCUPATION (a) Trade, profession, or ... particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 1 BIRTHPLACE OF FATHER (State or country) ENT *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL. SUICIDAL, OF HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER of death yrs, mos, State yrs. State or country) Where was disease contracted. If not at place of death? Former or usual residence DATE OF BURIAL out. REGISTRAR

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

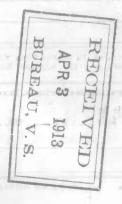
[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho receive a definite salary), may be entered as (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples For persons "Foreman," (0)

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Statement of cause of death—Name, first, the Dibrase CAUSINO DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinospinal cause of lungs, meninges, peritonaeum, etc...

thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Ohronia cer" is less definite; avoid use of "Tumor" for maligsuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Measles (disease causing death), 29 de.; valvular heart disease; Chronic interstitial nephritis: oma. Sarcoma. etc., of ... by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "PUERPERAL septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of (name origin; "Can-State cause for Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN V. S. No. 1.

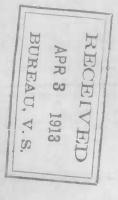
PLACE OF DEATH, 3616	STATE OF MARYLAND
Village or City Montevue (No. 1) 2FULL NAME Mary Ellisson	CERTIFICATE OF DEATH Registration Dist. No. 131 St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Walte (Write the word)	16 DATE OF DEATH Mole 32', 1913. (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from Och 2 191 2 to Nch 2 2 191 3. that I last saw her alive on Mch 20 191 3.
7 AGE 6 9 yrs. 6 mos. 23 ds. 11 LESS than 1 day, hrs. ox min.?	and that death occurred on the date stated above, at
a) Trade, protession, or gloouslivons particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State exacustry) Maryland	(Duration) X yrs. X mos. X ds. Contributory Saprania (Secondary)
OF FATHER The Superior State of Country Mary Land	(Signed) (Si
of Mother Mary Sisher 13 BIRTHPLACE OF MOTHER (State on country) Mary Land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. 6 ds. State yrs. mos. ds
(Informant) AMULL U, Suggestion of the Nowledge (Informant)	Where was disease contracted, it not at place of death? Former or usual residence.
(Address) 16 Filed 3-22- 1913 Or Frag. Inc. Cons	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
more blanks are needed, address State Regis tran	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, Civil engineer, Stationary freman, etc., But in many For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has For persons 6

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumomia," unqualified, is indefinite); Tuberculosis of tungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal scottchacmus," "Old Age," "Shock." uant neopiasms); Measles; Whooping cough; Chronic mia," "PUERPEBAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of _ ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. -Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of (secondary or intercurrent "Dropsy," "Exhaustion," 'Tracmia," "Weakness," (name origin; "Can-Examples:



RECORD PERMANENT BINDING classified. THIS properly AGI pe UNFADING may 80 plain 0 0 Item Every item CAUSE OF Important.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Iff death occurred inSt .:.......Ward) a hospital or Institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. JSEX 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORCED
(Write the word) (Month) I HEREBY CERTIFY. That I attended deceased from that I last saw h. L. alive on what the (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, st. / A.D. M. 1 day,....hrs. The CAUSE OF DEATH * was as follows: OR min. ? (a) Trade, profession, nr (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER ARENTS 11 BURTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLANT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIOEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death yrs. mos. State yrs. __ (State or country Where was disease contracted. If not at piace of death?. Former or usual residence. DATE OF BURIAL ADDRESS If more blanks are needed, address State Registrar & E Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal scottchaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritic nant neopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of .. by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-Bronchopneumonia (secondary). 10 ds. cer" is less definite; avoid use of "Tumor" for mailg. The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Never report Examples: For vio-



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN T. S. No. 1. N. B.

3618	
PLACE OF DEATH	STATE OF MARYLAND
County Treserick	CERTIFICATE OF DEATH
C	Registration Dist. No. 134
Village or CIVILINITSONS (No.	St.; Ward) [if death occurred li a hospital or institution give its NAME losfeat
* FULL NAME Marguret Assu	alle Veill, of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jamole White (Write the yord)	16 DATE OF DEATH March (Month) (Day) (Year)
B DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
Dec 4 1839	Charde 9 1918 to Marche 14, 1912.
(Month) (Day) (Year)	that I last saw hot alive on Manda 14, 1913
7 AGE If LESS than	and that death occurred on the date stated above, at 750 ff m,
73 yrs. 3 mos. // ds. ORmin.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION /	gobar on en monica.
(a) Trade, profession, or fistic o), (hours ty	Ceff Lide and Plen 174.
(b) General nature of Industry,	My silve
business, or establishment in 14e li gi ous which employed (or employer)	(Durafloo) yrs mos 6 ds.
9 BIRTHPLACE (State or country)	(Secondary)
10 NAME OF CL.	(Ouration) yrs mos 6 ds.
FATHER John M- Neill	(Signed) Suns (Address) M. D. J.
BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	
S OF MOTHER///	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	Af place In the of death yrs mos ds. State yrs, mos ds.
14 THE ABOVE/18 TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease confracted,
Site Bandi Charlott	If not at place of death?
(Informativy Court of the Court	usual residence
(Address) The Mr. U.S. U.S. 1. G.	Disters of Charage Constant DATE OF BURIAL
16 2000	Tensmitalens / MCH 16 , 1913.
Filed 1924 15, 191 3 11 17. Shuff	20 UNDERTAKER ADDRESS
fral Bysyman	Topper & Iwenry Countsburg
II more Dispuss are needed, address State Registrs	of E Franklin St., Balto., Requesting J. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many applies to each and every person, irrespective of age. tion is very important, so that the relative sealthfulcated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home: Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," (%)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcinosis of lungs, meninges, pertionaeum, etc..

such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. childbirth or miscarriage, as "Purpresal scotichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla." "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Maras genltal," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritisture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of . ls less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) tetanus) may be stated under the head of (name origin; "Can State cause for "Exhaustion," Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 1 1913
BUREAU, V.S.

3619 1 PLACE OF DEATH state Frederick should ION Is OCCUPATION ederick (No 517 N. Beats St. 3 Ward) PHYSICIANS RECORD 0 statement PERSONAL AND STATISTICAL PARTICULARS PERMANENT EXACTLY. 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, Marrie BINDMO WIDOWED, ORDIVORCED (Write the word) Exact stated 6 DATE OF BIRTH properly classified. be (Day 15 TAGE should It LESS than FOR t day,....hrs. THIS AGE BOCCUPATION INK (a) Trade, protession, or particular kind of work... RESERVED carefully supplied. may be (b) General nature of Industry, business, or establishment in UNFADING which employed (or employer) certificate. 9 BIRTHPLACE (State or country) that It 10 NAME OF FATHER 80 9 MARGIN of information should be PARENTS terms. on back 11 BIRTHPLACE OF FATHER (State or country) DEATH in plain See Instructions 13 BIRTHPLACE OF MOTHER (State or country) mice Mr. Maris CAUSE OF Important. S 15 No. σġ ż If more blanks are needed, address Sate Agistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 13/

a hospital or institution, give Its NAME Instead

MEDICAL CERTIFICATE	OF DEATH	
16 DATE OF DEATH Most	29	, 1912
(Month) 17 J HEREBY CERTIFY, That		(Year)
March 2 16, 1913, to 20		
that I last saw have alive on France		
that I last saw have alive on	alia 07	, 191
and that death occurred on the date state	d above, at\$	3. 4
The CAUSE OF DEATH * was as follows:		
Jan Lance and Lake day for the Market	Errelo	Booker Aud
	#6# B##################################	***********
(Duration)	8+	13-
V	0	.IROS.
Secondary Cardiac half	ma	*************
(Duration)	yrs	mos /
(Signed) Thomas		
	1.	M.
much 3/, 1913. (Address) From	und (
*State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL.	or, in deaths frand (2) wheti	rom VIOLER ner Accide
18 LENGTH OF RESIDENCE (FOR HOSPITAL	s, Institutions	TRANSIENT
At place		
ot death yrs mos ds. State	25 yrs	mos
Where was disease contracted, If not at place of death?		
Former of Gast of 312	ederi	cls
19 PLACE OF BURIAL OR REMOVAL	DATE OF E	URIAL
Mot. Olivet Care	Mar	3/ 1915
20 UNDERTAKER	ADDRESS	,,

[Approved by U. S. Census and American Public Health Association.]

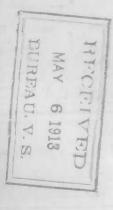
Grocery; (a) Foreman, (b) Automobile factory. material worked on may form part of the second statement. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSINO DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. cated thus: been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Dr. B. O. Thomas,



RECORD PERMANENT EXACTLY. BINDING 4 80 THIS INK ED ESERV UNFADING œ MARGIN WITH PLAINLY. WRITE

> No. 'n

state County Frederick PHYSICIANS should of OCCUPATION IS Village or City State Sanatorium, (No. Henry H. Miller. ²FULL NAME PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWEO. Male White ORDIVORCED (Write the word) Exact tated 6 DATE OF BIRTH 18th ciassified. (Day) (Year) (Month) It LESS th 7 AGE should 1 day, h properly AGE BOCCUPATION (a) Trade, protession, or Cashier in bank. particular kind of work supplied. (b) General nature of industry, business, or establishmen! In which employed (or employer) certificate. 9 BIRTHPLACE (State or country) carefully that it Maryland 10 NAME OF FATHER Francis Miller, 20 ō back 11 BIRTHPLACE of information should a DEATH in plain terms, See instructions on back ARENT OFFATHER (State or country) Virginia. 12 MAIDEN NAME OF MOTHER Caroline Hallowell. 13 BIRTHPLACE OF MOTHER Virginia. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Henry H. Liller. CAUSE OF Important. S Sandy Springs, Md. 15 8 REGISTRAR ż

3620

1 PLACE OF DEATH

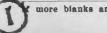
STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

....St.;....Ward)

fit death occurred in a hospital or institution. give its NAME Instead of street and number. 1

	MEDICAL CER	TIFICATE OF	DEATH	
16 DATE OF	DEATH	March (Month)	8th,	, 191 (Year)
17	I HEREBY CE	RTIFY, That I	attended dece	ased fro
Februar	y 9th, 1913	, to March	e 5th,	, 191.3
that I last sav	v him alive o	March	6th,	, 191
and that death	h occurred on th	e date stated	above, at	2 A.
	F DEATH* was			
	Acute Car	rdiac Dil	atation	
	Mitral In	sufficie	ncy	
	Pulmonary	Tubercu	losis	***************
		45 7 0 /	~ 1	**************
*************	007000000000000000000000000000000000000	. (Duration) 1.0.1	2.)yrsmo	S
Contribute (Secondary	ory y)	1/1/11		***********
	***************************************	(Duration)/	yrsmo)\$,
(Signed)	/	O. Hus	Un	М.
March 8	, 1913.• (Addres	e State S	In tarium	,
			-	*************
CAUSES, sta	DISEASE CAUSIN te (1) MEANS OF AL, OF HOMICIDAL	G DEATH, or, INJURY; and	in deaths from (2) whether	ACCIDEN
OR RECENT	F RESIDENCE (F	OR HOSPITALS.	Lifetime	RANSIENT
At place of death v	rs mos. 20	. In the	Tite cime	
				05
It not at place of	se contracted, Pa	obably a	t work.	************
Former or	Sandy Spr	ing Ma		
	BURIAL OR RE	MOVAL	DATE OF BU	RIAL
	ille, Md.		Unknown	, 1913
20 UNDERTA			ADDRESS	
M. L.	Creager,		Thurmont	. Nd.





[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second duties of the household only (not paid Housekeepers statement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at heginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fleation, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulbeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples: For persons

Statement of cause of death—Name, first, the DIBEASE CAUSING DEATH (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonaeum, etc... Carcin-

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If this certificate is looked over thoroughly and all greations answered in detail, it will prevent further correspondence. All the dath is essential and must be obtained before the certificate is permanently filed.

APR 2 1913
BUREAU, V.S.

N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

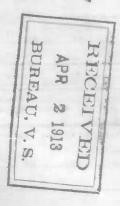
	PLACE OF DEATH	3621	-	STATE OF M	ARYLAND
C	ounty Frederick			CERTIFICATE	OF DEATH
0,	ounty		16	Regist	ered No 144
٧	illage or City Poelly 12	SgE (No.	1	St; Wa	rd) [If death occurred in a hospital or Institution, give its NAME instead
	FULL NAME Man	y My	arge	write Miller	of street and number.]
	PERSONAL AND STATISTICAL	PARTICULARS	s	MEDICAL CERTIFICATE	OF DEATH
SI	COLONGARAGE	SINGLE, MARRIED, WIDOWED, ORDIVORCED Write the word)	med	16 DATE OF DEATH March (Month) 17 I HEREBY CERTIFY, The	
6 p	ATE OF BIRTH Mov.	22	,1893	that I last saw har allye on har	10 4, 1913,
7 A	(Mosth)	14 1	(Year) If LESS than day, hrs.	and that death occurred on the date state. The CAUSE OF DEATH* was as follows:	ed above, at 9.359, m.
(a) pa (b) bus	yrs. mos CCUPATION Trade, profession, or flicular kind of work. General nature of industry, ness, or establishment in ch employed (or employer)	sewife	DRmin. ?	abortion - (Duration)	yrs / mos 3 ds.
-	RTHPLACE tate or country) Mary	land		Gontributory Street (Secondary) (Deration)	yrs / mos = ds
ENTS	11 BIRTHPLACE OF FATHER (State or country)	· Mul	ler	(Signed) An land R. Di	Setour and
PAREI	12 MAIDEN NAME OF MOTHER	Carl	2,,00	*State the DISEASE CAUSING DEATH, O CAUSES, state (1) MEANS OF INJURY; a TAL, SUICIDAL, OF HOMICIDAL.	*
<u>.</u>	13 BIRTHPLACE OF MOTHER (State or country)	uma	augu-		S. INSTITUTIONS, TRANSIENTS,
147	Informant, William C.	Mull Mull	DGE	Where was disease contracted, If not at place of death? Former or usual residence	
	(Address) Rockly	RidgE	mo.	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
FII	ed March 6, 191 3, anns	a M. R.	TULK	20 UNDERVAKER STAGE	ADDRESS Shurman
	if more blanks are ne	eded, address Su	ate Registra:	r, 6 E. Franklin St., Balto., Requesting V. S.	

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specinaterial worked on may form part of the second statement. Never return "Laborer." "Foremen." Groscry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the return "Laborer," "Foreman," Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cere-irospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

oma. Sarcoma. etc., of _______ (name origin: "Can' cer" is less definite; avoid use of "Tumor" for malie-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage, as "Purrperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Maras. nant neoplasms) : Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisucb, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUEEPEBAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Con thenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis The contributory (secondary or intercurrent) "Old Age," "Sbock," "Uraemia," "Weakness," tetanus) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head of Examples:



N. B.—Every Item of Information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

Village or City Scoken Bidge. (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. / // St.; Ward) [If death occurred io a hospital or institution,
² FULL NAME Shelma Sheller give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale. 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	March 4 1913, to March 5 , 1913, that I last saw her alive on March 5 , 1913.
3 yrs. mos. 29 If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 1/45 Pm. The CAUSE OF DEATH* was as follows: Cerebral Merryilis
particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) Tis mos 3 ds.
OF FATHER (State or country) 10 NAME OF FATHER (C. McCles. 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER 12 C. C. McCles.	(Secondary) (Duration) (Signed) (
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Buckey Budge 16 Filed March 6, 191 3, Annua M. Forces REGISTRAR If more blanks are needed, address State Registra	19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS ADDRESS Thurwork by r, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The "Manager," "Dealer," etc., without more precise specifirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfuishould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, an Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc... Carcin-

childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy." ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJUST and qualify as mia," "PUERPERAL peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railroay train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report The contributory tetanus) may be stated under the head (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 2 1913
BUREAU, V.S.

RECORD ERMANENT

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in St .:....Ward) a hospital or institution. give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH WIDOWED, With (Month) (Day) Write the word HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: 6 OCCUPATION (a) Trade, profession, or particular kind of work business, or establishment in which employed (or employer) ⁹ BIRTHPLACE (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL, GLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, At place OF MOTHER (State or country DE usual residence. CAUSE O DATE OF BURIAL Mar 231913 15 20 UNDERTAKER ADDRESS REGISTRAR re blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation bas Salcsman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease Causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

such, if impossible to determine definitely. mia," "Pusereral perisonitis," etc. State cause for which surgical operation was undertaken. For viochildbirth or miscarriage, as "Putereral scotichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ver" is less definite; avoid use of "Tumor" for malistant neoplazms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of .. cause of death approved by Committee on Nomencla mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as -E art failure," "Haemorrbage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent; Always qualify all diseases resulting from Mcastes (disease causing "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head "Traemia," "Weakness," (name origin; "Candeath), 29 ds.: Examples: 01

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RECEIVED
APR 5 1918
BUREAU V.S.

3624

BINDING 0 Ш Ш a ARGIN

[Approved by U. S. Census and American Public Health
Association.]

"." "Manager," "Dealer," etc., without more precise speci--, statement. ; material worked on may form part of the second duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-tirospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carcinlosis of lungs, meninges, peritonacum, etc.. Carcin

mia," "PUERPEBAL peritonitis," etc. ture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUST and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Purperal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. nant neoplasms); Weasles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephriti. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for mails-The contributory Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of (secondary or intercurrent) (name origin : "Can-State cause for Examples:

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RECEIVED

APR 2 1913

BUREAU, V.S.

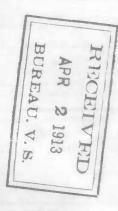
STATE OF MARYLAND Very CERTIFICATE OF DEATH should PHYSICIANS shoul of OCCUPATION Registration Dist. No. lif death occurred le St.:....Ward) a hospital or institution, RECORD give its NAME instead of street and number. 7 MEDICAL CERTIFICATE PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT EXACTLY. 4 COLOR OR RACE MARRIEUZ WIDOWED. ORDIVORGED Word) (Month) (Day) 17 I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH ciassified. (Year) (Month) (Day) if LESS than and that death occurred on the date stated above, at pluode 1 day,hrs. OR min. ? properly BOCCUPATION (a) Trade, profession, or particular kind of work.... (b) General nature of industry, supplied. pe business, or establishment in may which employed (or employer) Contributory. certificate. BIRTHPLACE (Secondary) (State or country) that 10 NAME OF FATHER 80 of ARGIN pe back 11 BIRTHPLACE terms. Z OF FATHER (State or country) should *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT Ш 00 CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-04 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. piain 4 OF MOTHER Instructions information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place in the OF MOTHER (State or country) 4 (10 of death ____ yrs. ___ mos. ___ ds. EATH State yrs, ____ mos. ds. Where was disease contracted If not at place of death?... See ō 0 Former or OF Every item CAUSE OF important. 15 29-UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

, statement. material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease gainfully employed, as At school or At home. Care mine, etc. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid. fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrpural septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convultions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephrities ver" is less definite; avoid use of "Tumor" for mailg nant neoplasms); Heasles; Whooping cough; Chiefing oma. Surcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can State cause for "Exhaustion," Examples:



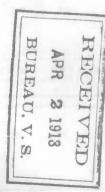
real County Lecteriell Near Chy Cloursonville Mono. 2 FULL NAME Edward Noon	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 37 [if death occurred least properties of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Marries Widowed Orbivorget Wirte the word) 8 DATE OF BIRTH Not Man 1843	18 DATE OF DEATH March 4, 1913 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 741. 20, 1913, to Mar. 4, 1913.
(Month) (Day) (Year) 7 AGE If LESS than 1 day,hrs. ORmin.? 8 OCCUPATION (a) Trade, profession, or particular kind of work	and that death occurred on the date stated above, at
(b) General neture of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Edward Moorian 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Ouration) Oyrs, Z mos ds. (Signed) (Ouration) yrs, mos, ds. (Signed) The Good of the Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Ireland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) MM Edward Noonan	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, if not at place of death? Former or usual residence.
Flied Manb , 191 3 Mm b. Counfusee Registrar & Flied Manb , 191 3 Mm b. Counfusee Registrar & Flied Begistrar & Flied Be	Wantylow MM 8 ,1813 20 UNDERTAKER Whange Fourth Likely Cour M

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fleation, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. it should be used only when needed. the nature of the business or industry, and therefore an Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," As examples: For persons "Foreman,"

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH	STATE OF MARYLAND
3627	CERTIFICATE OF DEATH
Gounty Care	Registered No.
Village or City Frederick (No. 11	St; Ward) [If death occurred in a thospital or institution, give its NAME instead of street and number.]
FULL NAME anni Ill J.	oland)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale white (Write the word)	(Month) (Day) (Year) 17 : HEREBY CERTIFY, That Justended deceased from
DATE OF BIRTH (Month) (Day) (Year)	My 2005 1913 to May 23d, 1913 that I last saw h & alive on May , & 2 2 2d 1913
AGE : If LESS than	and that death occurred on the date stated above, at 12 300Mm,
6 yrs 5 mos 19 ds 0R min.?	The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work	Messes
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos/2 ds.
BIRTHPLACE (State or country) Frederich	(Secondary) Symble freeways (Secondary) (Ouration), yrs. mos. f. ds.
10 NAME OF Edward Toland	(Signed) Fig. 8 (Address) Frederick
OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
(State or country) 12 MAIDEN NAME OF MOTHER May C Crouse	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF-MOTHER ((State or country)	At place in the of deathyrsmas ds. Stateyrs mos ds.
4THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (INFORMANT) Edward Soland	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Isrdench Mdo	10 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Marks 4, 1913
FILED 23-3- 1913 Many REGISTERAR	20 UNGERTAKER ADDRESS Grade Hold.
If more blanks are needed, address State Registr	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. material worked on may form part of the second who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care mine, etc. fication. as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skuli, and consequences (e. g., cause. Always qualify all diseases resulting from ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichueetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," ampie: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for malig-Accidental drowning; Struck by railway train-acctmere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis. Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-EX



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DEATH

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 4 Ilf death occurred in Village or Citylean. St :----Ward) a hospital or Institution, give its NAME instead of street and number.] * FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, manuel WIDOWED. (Month) Write the word) CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Month) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day hrs. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) Genoral nature of Industr business, or establishment in which employed (or employer) 9 BIRTHPEACE (State or country) (Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the . OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ State Where was disease contracted. If not at place of death? Former or usual residence BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER REGISTRAR tore blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting y. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," 6

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purreral septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasics (disease causing death), 29 dg. Eronchopnoumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritix ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Bronchopncumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumer" for malig oma. Surcoma. etc., of . Accidental drowning; Struck by railway train—acci-The contributory tetanus) may be stated under the head (Recommendations on statement of (secondary or intercurrent). (name origin; "Can "Exhaustion," Examples: For vio-, in



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PLACE OF DEATH 3629 a. Ricketts PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, married WIDOWED. ORDIVORCED 6 DATE OF BIRTH 1839 (Month) 2 (Year) (Day) TAGE if LESS than 1 dayhrs. OR min. ? SOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE RENT OF FATHER (State or country) 12 MAIDEN NAME 4 OF MOTHER 13 BIRTHPLACE At place OF MOTHER (State or country ot death

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 136

.Ward)

lit death occurred in a hospital or institution. give its NAME instead of street and number.]

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) 9 / That I attended deceased from and that death occurred on the date stated above, at (Duration) Contributory (Secondary) (Duration) (Address) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) In the State yrs. _ _____ yrs. ____ mos. ____ ds. Where was disease contracted. It not at place of death? Former or usuai residence 25 1913 20 UNDERTAKER ADDRESS

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ented thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Mainager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman, (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "(Toup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 5 1918
BURDAU, V. S.

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilt death occurred inWard) a hospital or institution, give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH March S SINGLE. 3 SFY MARRIED, ADI WIDOWED, Write the word (Month) (Dav) I HEREBY CERTIFY. That I attended deceased from B DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH * was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work. business, or establishment in (Duration) X yrs. X mos X ds. which employed (or employer) Contributory..... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 16 1913 (Address) Trédences 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE OF MOTHER (State or country) 13 yrs. 5 mos. 10 ds. Where was disease contracted. usual residence. DATE OF BUI 15 ..., 191.0 20 ONDERTAKER ADDRESS Filed.

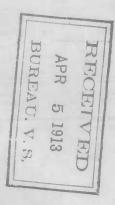
more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

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(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Mousewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in .Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, JUD 3 SEX 4 COLOR OR BACE MARRIED WIDOWED, . Write the word) 6 DATE OF BIRTH (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at. 1 day, hrs. The CAUSE OF DEATH * was as lollows: BOCCUPATION (a) Trade, profession, or business, or establishment in (Guration) which employed (or employer) 9 BIRTHPLACE (State or country PARENTS 11 BIRTHPLACE (Address) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 15 more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the husiness or industy; and therefore an cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative mealthfuiwho have no occupation whatever, write None Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Corobrospinal fover (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fover (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoses

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N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

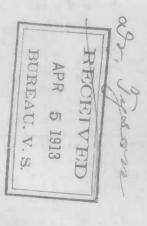
Ounty Frederich 3632	STATE OF MARYLAND CERTIFICATE OF DEATH
Wear n	Registration Dist. No.
Village of City Bradduck(No.	[If death occurred in
	St.; Ward) a hospital or institution, give its NAME instead
FULL NAME Charles &	Schaeffer of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED MARRIED	16 DATE OF DEATH MODE 12 1013
Male White (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
N- 16 011	1913, to mar 12, 1913,
(Month) (Day (Year)	that I last saw here alive on man 11th 1913
⁷ AGE If LESS than	and that death occurred on the date stated above, at 2.35 4.m.
68 yrs 9 mos 27 ds. OR min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION A	artino Selevosio
(a) Trade, profession, or particular kind of work	
(b) General nature of Industry. / (Secto)	
business, or establishment in Returned 10 yrs	(Duration) 3 yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF N	Sauration) yrs mos ds.
FATHER Seter Schoeffer	(Signed) / I. S. System , M. D.
	man 14, 1919 (Address) Frederick Size
11 BIRTHPLACE OF FATHER (State or country) Mangland 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
of Mother Oliver Settle Bone	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Mocungland	At place in the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds Where was disease contracted,
More A La Walla	If not at place of death?
(Informanti)	usual residence
(Address) Near Braddock	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 71 1 0 /11 l	Mot. Olevet been Moor 141913
Filed 3/5 , 1913 J. J. Joodenson	20 UNDERTAKER OF OTO TO
REGISTRAR If mura blanks are needed address State Ducks	Thomas J. The Trederich
at more manas are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carein-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less gennice, areas Whooping cough; Chronie, pant neoplasms); Measles; Whooping cough; Chronie, oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciture of the American Medical Association.) is less definite; avoid use of "Tumor" for malig-The contributory tetanus) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report



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STATE OF MARYLAND 1 PLACE OF DEATH 3633 CERTIFICATE OF DEATH County4 Registered No. [If death occurred in St.:....Ward) a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. // (Month) (Day) Write the word) I HEREBY CERTIFY. That I attended deceased from S DATE OF BIRTH (Day) (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at 1 dayhrs. OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory BIRTHPLACE (Secondary) (State or country) 10 NAME OF (Signed) FATHER (Address) 11 BIRTHELACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE Al piace In the OF MOTHER (State or country) yrs. mos. ds. Siate yrs, mos, ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO if not at place of death? Former or usual residence. 19 PLACE OF BURIAL DATE OF BURIAL REMOVA 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

: *Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may he entered as duties of the household only (not paid Housekeepers mine, etc. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, As examples: For persons (0)

Statement of cause of death—Name, first, the nibrable causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Putrpural septichuemus," "Old Age," "Shock," "Uraemia," "Weakness," genltal," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 de.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, BUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUST and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inaultion," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcasles; Whooping cough; Chronio ture of the American Medical Association.) The contributory Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 2 1918
BUREAU, V.S.

N. B.—Every litem of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

FOR BINDING

MARGIN RESERVED

Co	PLACE OF DEATH ounty Trederick	3634	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 144
V	Illage or City / Localy / C	lud W	St; Ward) St; Ward) Ilsow Pharer St; Ward) Is death occurred in a hospital or institution give its NAME instead of street and number.]
-	PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	M. W	NGLE, ARRIED, DOWED, Totologic Tite the word)	16 DATE OF DEATH March 5 (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended decessed from
6 D	ATE OF BIRTH feb. (Month)	22,191 (Day) (Year	13 mels. 4 , 1913, to march 5 , 1913,
TAC	E	1 day,	The CAUSE OF DEATH * was as follows:
(a) par (b) busi whi	CCUPATION Trade, profession, or ticular kind of work General nature of industry, ness, or establishment in the employed (or employer) RTHPLACE tate or country) Macry	land	Gontributory (Secondary) (Daration) yrs mos ds.
ENTS	11 BIRTHPLACE (State or country) MANUE OF FATHER (State or country)	chas Sharr	(Signed) McLaud W. Diller , M. B. Mich. 5 , 191 3 (Address) Delour Miss *State the Disease Causing Death, or, in deaths from Violent CAUSING state (1) Means on Interest and (2) whather Address
PARI	13 BIRTHPLACE OF MOTHER (State or country)	Grace Mye	CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place is the of death yrs. mos. ds. State yrs. mos. ds.
	HE ABOVE IS TRUE TO THE BEST OF Informact)	MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence
15 File		A Cones REGISTRAR ed, address State Begi	19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL 20 UNDERTAKER ADDRESS ALL ALL ALL ALL ALL ALL ALL
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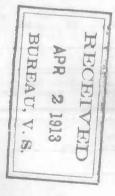


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the dibease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinlosis of lungs, meninges, peritonaeum, etc.. Carcinlosis of lungs, meninges, peritonaeum,

childbirth or miscarriage, as "Pueppenal septichucture of the American Medical Association.) cause of death approved by Committee on Nomencia. injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a dcfinite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile." etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Mcasics (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritist nant neoplasms); Measles; Whooping cough: Chroisie "Contributory." dent; Revolver scound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Collapse." "Coma," "Convulsions," "Debility" ("Conoma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "Asis icss definite; avoid use of "Tumor" for malig. The contributory (secondary or intercurrent) "Puerperal peritonitis," etc. State cause for tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin : "Cap-Examples:



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STATE OF MARYLAND PLACE OF DEATH 3635 CERTIFICATE OF DEATH Registered No... I'll death occurred in St:Ward) (No ... a hospital or lostitution, give its NAME lostead ef street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH & was as follows: OR min. ? GOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which ampioyed (or employer) Contributory. 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) (Address) Olewann 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. State yrs, ____ mos. Where was disease contracted. If not at place of death?-Former or usual residence. 19 PLACE OF BURIAL OR REM DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

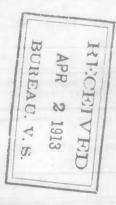
1f more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

Grocery; (a) Foreman, (b) Automobile factory. The ; material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iilbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. it should be used only when needed. As examples: additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

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childbirth or miscarriage, as "Puerperal schiicharscpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomia," "TUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile." etc.), "Dropsy," "Exhaustion," "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neopiasms) : Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." dent; Revolver round of head-homicide; Poisoned LENT DEATHS State MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of . The contributory Aiways qualify all discases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples:



RECORD

UNFADING INK-THIS Every Item of Information should be CAUSE OF DEATH in plain terms, so

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See instructions

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certificate.

1	PLACE	OF	DEATH

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Filed March 3, 1913 At A. Bucke

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

St.;	Ward)
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[If death occurred in a hospital or lostitution, give its NAME lostead of street and number.]

ADDRESS

	* FULL NAME Starry Wait	in Suyder
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	male white Sangle, where the word of the	16 DATE OF DEATH (Month) (Day) (Year)
6 [March 2 nd 1913 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from
7 A	GE (Still Birth) If LESS than 1 day,hrs. yrs	and that death occurred on the date stated above, at 11.30 m The CAUSE OF DEATH* was as follows: Still Birth, from asphysication
pa (b)	CCUPATION 1) Frade, profession, or articular kind of work	due to pressure on prolapsed www.bilical Cord (Duration) yrs mos ds
9 8	State or country) n. Pleasant, Frederick Co. Med	(Secondary) (Duration) yrs. mos. ds.
ARENTS	11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER 2 + 0	(Signed) Emil 9. Bauersfeld M. D. March 3, 1913 (Address) Mr. Oleanant *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
Δ.	13 BIRTHPLACE OF MOTHER (State or country) The Cleasant Frederick Co	18 LENGTH OF RESIDENCE (FOR HOSPITALA, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place to the of death yrs mos ds. State yrs mos ds. Where was disease contracted, If not at place of death?
	Informant) 10m f. Suyder	Former or usual residence
	(Address). Met. Glasaut	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

Macon

20 UNDERTAKER

[Approved by U. S. Census and American Public Health
Association.]

"Manager," "Dealer," etc., without more precise speciof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative meaithfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At homc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 2 1918
BUREAU. V.S.

Very SICIANS should OCCUPATION IS PHYSICIANS RECORD of alterly o MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WINOWED, BINDING Write the word) 17 8 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than 2 1 day hrs. The CAUSE OF DEATH* OR mio. ? properly BOCCUPATION AGI (a) Trade, protession, or INK particular kind of work (b) General nature of industry, business, or establishment to UNFADING may which employed (or employer) 9 BIRTHPLACE (State or country) Contributory (Secondary) that 0 10 NAME OF FATHER (Signed) 80 ARGIN WITH ARENTS 11 BIRTHPLACE OF FATHER 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER OR RECENT RESIDENTS) 13 BIRTHPLACE _ At place OF MOTHER (State or country DEAT WRITE of OF Every Item CAUSE OF Important. 16 20 UNDERTAKER 8 REGISTRAR

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

lit death occurred inWard) a hospital or institution, give its NAME lostead

of street and oumber.]

(Month) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above. a *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF BURIAL ADDRESS



[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. Never return "Laborer," additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mtll; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Purpreal septicharcause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritie cause of death approved by Committee on Nomencla. injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 ds.; nant neopiasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of .. ture of the American Medicai Association.) "Contributory." -Hart failure," "Haemorrhage," "Inanition," "Maras The contributory (secondary or intercurrent), tion need not be stated unless important. tetanus) may be stated under the head (Recommendations on statement of etc. State cause for (name origin; "Can-"Exhaustion," Examples:



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1 PLACE OF DEATH County Irederick

3638



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. /38
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	o. o.,			(110:	

St :---...Ward)

[If death occurred in a hospital or Institution, give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WILDWICK WIDOWED, WIDOWED, ORDIVORCED	16 DATE OF DEATH Meh 34, 1913 (Month) (Day) (Year)
S DATE OF BIRTH CMOnth (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from Mch 20 th, 1913, to March 3/2th, 1913. that I last saw here alive on Mch. 30 th, 1913.
GS yrs. / mos. / ds. ORmin.?	and that death occurred on the date stated above, at 6 2, m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work many garmer (b) General nature of industry,	ajoplify
business, or establishment in Country froduce which employed (or employer) BIRTHPLACE (State or country) MA	Contributory (Secondary) (Duration) yrs mos ds
10 NAME OF FATHER STho Cook	(Signed) N. H. Nopkers, M. D. 4/1/, 1913 (Address) Rew Market, M. d.
(State or country) 12 MAIDEN NAME	•State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) MA	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds.
4THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Julian Knowledge	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Moniona, ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL CAPLL 2, 191 B
out the a 2 was good to layeor	20 UNDERTAKER C ADDRESS

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speci-Groccry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Realthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second (a) Spinner, it should be used only when needed. For many occupations a single word or term on the been changed or given up on account of the DISEASE who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, As examples: For persons

> LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Purpresal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronica ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. State cause for -Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report oma. Surcoma. etc., of ... "Contributory." is icss definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can "Exhaustion," Examples: For vio-Ex.



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RESERVED FOR BINDING MARGIN

Y. S. No. 1.

N. B.

County Frederick 3639	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
nale white (Write the word)	16 DATE OF DEATH (Month) (Day) (Month) (Day) 1 HEREBY CERTIFY, That J attended deceased from
6 DATE OF BIRTH Selve 17, 1913 (Month) (Day) (Year)	that I last saw h w alive on Mek 14th , 1913.
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 2 a. m. The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Manyland	Contributory (Secondary) (Duration) yrs mos ds.
10 NAME OF P. Bruce Thompson	(Signed) N. N. Stofice , N. D. 3/15/, 1913 (Address) New Market, M.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Sta C. Magner 13 BIRTHPLACE OF MOTHER (State or country) MA	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds.
(Informant) Roberts of My Knowledge	Where was disease contracted, If not at place of death? Former or usual residence.
(Address). Mr. Cliny, ma 16 Filed Moh. 15 # 191 3 Golf Vaylor Local & REGISTRAR	19 PLACE OF BURIAL OR REMOVAL LINE (1913). 20 UNDERTAKER RESPONDENCE: REMOVAL DATE OF BURIAL MICH. 16 1913. ADDRESS REMOVAL ADDRESS
If more blanks are needed, address State Registra	r, C E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, It should be used only when needed. ness. If retired from business, that fact may be indiduties of the household only (not paid Housekcepers Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia of lungs, meninges, pertionacum, etc.. Carcin-

LENT DEATHS State MEANS OF INJUSY and qualify as childbirth or miscarriage, as "Puerperal scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant ncoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuii, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. oma. Surcoma. etc., of is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Examples: FOT VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
APR 1 1918
BUREAU, V.S.

PHYSICIANS WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD carefully supplied. AGE should be stated EXACTLY. RESERVED FOR BINDING MARGIN N. B.—Every item of information should be V. S. No. 1.

St.; Ward) [If death occurred in a hospital or institution give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 16 DATE OF DEATH 17 I HEREBY CERTIFY, That I attended deceased from the company of the comp
16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from the last saw help alive on has 20th, 191, 191, and that I last saw help alive on the date stated above, at 2-30 points.
(Month) (Day (Year) 17 I HEREBY GERTIFY, That I attended deceased from Local Late and the state of the state
that I last saw her alive on has 20th, 191 and that death occurred on the date stated above, at 2-30 po
1 / The Makes
Shirt stry spenished
Contributory Infamaly Chemathy Secondary (Duration) yrs 6 mos
(Signed) 7 Medic M.
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether Accide TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT
or Recent Residents) At place in the of death yrs mos ds. State yrs mos
If not at piace of death? Former or usual residence.
Place of Burial OR REMOVAL Pleasant Hill, Gen Man 22, 191: 20 UNDERTAKER Thomas P. There Frederich



[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthfulwho have no occupation whatever, been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," write None. As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercuters of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 ds.; "Exhaustion," For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Meelges

IN HCEIVED

APR 3 1913

BUREAU, V.S.

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state very

PLACE OF DEATH 3641	STATE OF MARYLAND		
	CERTIFICATE OF DEATH		
County Wederick	Registration Dist. No. / 3/		
Villege or City Frederick (No. The	The Half st; 3 Ward) [If death occurred in a hospital or institution, give its NAME instead		
2FULL NAME Infant	Tyler South The of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Flerencele Color of RAGE Single, MARRIED, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day (Year)		
6 DATE OF BIRTH Moor 8 1913	17 I HEREBY CERTIFY, That I attended deceased from 3-7, 1913, to 913,		
(Month) (Day (Year)	and that death occurred on the date stated above at 50 m.		
f day, hrs. yrs. mos. ds. or min.?	The CAUSE OF DEATH was as follows:		
8 OCCUPATION (a) Trade, profession, or particular kind of work	Trenatu buth		
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration)		
9 BIRTHPLACE (State or country) Mangland	Contributory Secondary		
10 NAME OF Robbert Triles	(Signed) Compatient yrs mos ds.		
11 BIRTHPLACE OF FATHER (State or country) Mongeland	*State the DISPASE CAUSING DEATH, OF In double from Working		
(State or country) Maryland 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
13 BIRTHPLACE OF MOTHER (State or country) Massyland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs,		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) Toobest Tyler	Where was disease contracted, If not at place of death? Former or usual residence.		
(Address). 51/2 87	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
Flied 3-8-, 1913-Draf Mar Cours	30 UNDERTAKER ADDRESS		
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.			

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery: (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE (a) Spinner, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucissis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy, mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viois less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 ds.; State cause for "Exhaustion, Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 8 1913
BUREAU. V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT FOR BINDING RESERVED MARGIN T. S. No. 1.

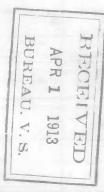
	PLACE OF DEATH	STATE OF MARYLAND
	Aredorica 3642	CERTIFICATE OF DEATH
County	Contract to the Chammer of the	Registration Dist. No. 134
Village	or GIVE AUMINO CULY (No.	St.; Ward) [If death occurred a hospital or institution
	Mar Walsh	give its NAME lostea of street and number.]
	* FULL NAME OF COURSE	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX	rule Witte (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE C	OF BIRTH	11 1 5 1 1 1 1 1 1
	(Month) (Day) (Year)	that I last saw he allve on All Q Cla 13 - 1913
7 AGE	If LESS than	and that death occurred on the date stated above, at 10,30P m
	2 1 day,hrs.	The CAUSE OF DEATH* was as follows:
	/ yrs. @ mos. 2 ds. or. min. ?	Sente Byon chitro and
(a) Trade, particular	profession, or Sistu of Charity	Lobor Presi moriso
	al nature of industry, or establishment in	48 4
	or establishment in locking our	(Quration) yrs. mos. 4 ds.
9 BIRTHE (State o	PLACE pr country) Del and	(Secondary)
	FATHER Walter Walsh	(Signed) folia 13 13 yourse, M. D.
Y 11 B	OFFATHER GOUNTRY) AR & CLARA	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT
世 12 M	IAIDEN NAMES OF MOTHER THE	CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
Δ.	Colliverelle guorna	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
0	IRTHPLACE OF MOTHER 900000000000000000000000000000000000	At place In the
	ate or country)	of death yrs mos ds. State yrs, mos ds. Where was disease contracted.
14THE A	BOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Intorm	ant Asia resucceda como or s	Former or usual residence
(1	Address) The with bury Ind	Sisters & Charty Comolor 2
16	males my of Il	Eenhitaberg Ma Mass. 4. 191.3
Filed.	MC/13, 191 3 / Fr. Shuff	Folher & Smean Completes
	If more blanks are needed, address State Registra	ar, 6 E Franklin St., Balto., Requesting V. S. No. 1.
		Ma

[Approved by U. S. Census and American Public Health Association.]

statement. Grocery; (a) Foreman, (b) Automobile factory. applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industy; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Housewife, Housework, or At Home, and children, not mine, etc. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative Lealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the DIBEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

childbirth or miscarriage, as "Purperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Maras ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of . is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion," Examples:



No. 1.

'n

N. B.

PLACE OF DEATH 9040	STATE OF MARYLAND
county Terederich, 3643	CERTIFICATE OF DEATH
	Registration Dist. No. 43
Village or City (Mean Doube (No.	St; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
2 FULL NAME Merte August	a Heedoer
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Black (Write the word)	16 DATE OF DEATH Month (Month) (Day) (Year)
BDATE OF BIRTH Lance 13 191	Jel 23 1913, to Mar, 3 1915,
(Month) (Day) (Year)	
7 AGE If LESS the 1 day, his or min.	8. The CAUSE OF DEATH + was as follower.
B OCCUPATION (a) Trade, profession, or At Horn particular kind of work	Bruchiel-Pulling
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. 10 ds.
9 BIRTHPLACE (State or country) Findence Co. Me	Contributory (Secondary) (Ouration) yrs. mos. ds
10 NAME OF Thomas. M. Weedow	(Signed) Jas & Thamas, M. D.
11 BIRTHPLACE OF FATHER (State or country) Fryed'h Co MA	*State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT
of Mother Leasing annie White	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)
13 BIRTHPLACE OF MOTHER (State or country) Fixed'h Co, Mid	At place in the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.	Where was disease contracted, if not at place of death? Former or
Address Doubs Md,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
File Mas 4 1913 A. R. Etchison	Point of Rocks Mar. 5. 1918. 20 UNDERTAGER ADDRESS
REGISTRAR	M.K. Etchison Jefferson
more blanks are needed, address State Registrar,	6 E. Franklin St., Balto., Requesting V. S. No. 1



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing divays the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aeci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Meastes (disease causing death), 29 ds.; etc. The contributory (secondary or intercurrent) affection need not be stated unless important. **Exvalvular heart disease; Chronic interstitial nephritis: cer" is less definite; avoid use of "Tumor" for malignant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can Examples:

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APR 3 1913
BUREAU, V.S.

	PLACE OF DEATH / 2CAA	STATE OF MARYLAND
	Beate of Beath 3644	CERTIFICATE OF DEATH
Co	unty Frederick	Registered No. 134
	2 6 1	
Vi	Hage or City Mear Ensumels the	St; Ward) [If death occurred in a hospital or institution, give its NAME instead
	2 FULL NAME John N.	Welzell ot street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	n	16 DATE OF DEATH Mach 10 1013
SE	MARRIED, MOUNTE	(Month) (Day) (Year)
//	(Write the word)	17 M I NEREBY CERTIFY, That I attended deceased from
B D	ATE OF BIRTH MANGE	1100 9 , 1910, to 1100 9 , 1913,
	(Month) (Day) (Year)	that I last saw h limalive on make 9 ,1913
7		2 1
7 A	1 day,hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
	win.?	The CAUSE OF BEATH Was as follows:
_	CCUPATION	Control Hemmary
	Trade, profession, or ticular kind of work.	
(b) General nature of Industry,		8 honz
	iness, or establishment in chemployed (or employed)	(Duration) yrs. mos. ds-
		Contributory Indegestion
(S	RTHPLACE tate or country) Myylon	(Secondary)
	10 NAME OF	(Duration) yrs. mos. / ds.
	FATHER John Welzele	(Signed) , M. D.
TS	11 BIRTHPLACE	1/5 10, 191 4 (Address) (Minus 1 4 4)
ENT	(State or country)	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
PARE	12 MAIDEN NAME Signi Llots	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
	OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds.
14-	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
norman It there		Former or
	(Informant)	usual residence
	(Address) (montobery had	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	200 11	mit of mays ma men 11, 191 3
EII	on makes 1913 M. The Shull	20 UNDERTAKER
Fil	FIRST PROSTRAR	M.Fr. Shuff Quinkburg
	more blanks are needed, address State Registra	ir, 6 E. Frankin St., Balto., Requesting V. S. No. 1.
		Ma



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers eases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coai "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, It should be used only when needed. additional line is provided for the latter statement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the DISEASE CAUSINO DEATH (the primary affection with respect to time and eausation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "(Toup"); Typhoid fewer (never report "Typhoid meumonia"); Lobar pneumonia; Bronehopneumonia ("I'neumonia," unqualified, is indefinite); Tubereulosis of lungs, meninges, peritonaeum, etc... Carein-

such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," ampie: Meastes (disease causing valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Aecidental drowning; Struck by railway train—acctwhich surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of cause of death approved by Committee on Nomencia-"Contributory." thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) The contributory (secondary or intercurrent) may be stated under the head of (Recommendations on statement of (name origin; "Candeath), 29 HOP VIO

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APR 1 1913 BUREAU, V. S.

MARGIN

Ounty Fredrick	STATE OF MARYLAND CERTIFICATE OF DEATH 3645 Registered No. 8137	
Village or City Cleursonville (No	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male White Single, MARRIED, Dingle WIDOWED, ORDIVORED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from	
March 23, 19/3 (Month) (Day) (Year)	that I last saw h alive on 191	
7 AGE If LESS than 1 day, hrs. OR min. ?	and that death occurred on the date stated above, at	
8 OCCUPATION (a) Trade, profession, or particular kind of work	Lititural Ludigestion	
(b) General nature of industry, business, or establishment to which employed (or employer) BIRTHPLACE (State or country)	Gontributory (Spanns) (Secondary) (Secondary)	
10 NAME OF FATHER Benj Hauson Wetzel 11 BIRTHPLACE OF FATHER (State or country) Lederick Cv	(Signed) Jrs. o mos. f. ds. (Signed) J. J. Legg, M. D. Mar v. 9., 191 3 (Address) fluish Pulge Use *State the Disman Causing Death, or, in deaths from Violent	
11 BIRTHPLACE OF FATHER (State or country) Frederich (Cv 22 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 15 BIRTHPLACE OF MOTHER (State or country)	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death	
(Informant)	Where was disease contracted, If not at place of death? Former or usual residence	
(Address) Mein Bridge Mid R. T. D., 1813 Edw Clurked REGISTRAR	Frank Shuier Date of Burial Address Trank Shuier Muon Bridge	
more blanks are needed, address State Registrar, & F	3. Franklin St., Balto., Requesting V. S. No. 1.	



[Approved by U. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinology

MAY 2 1913
BUREAU, V.S.

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Re-sent

APR 4 1913
BUREAU, V. S.

should OCCUPATION PHYSICIANS RECORD ō statement PERSONAL AND 'STATISTICAL PARTICULARS PERMANENT EXACTLY. 3 SEX 5 SINGLE. DATE COLOR OR RACE MARRIEO, WIDOWED, QUIONIB ORDIVORCED (Write the word) Exact stated DATE OF BIRTH classified. pe (Month) (Day (Year) 7 AGE if LESS than D 00 f day,....hrs. OR min. ? properly 8 OCCUPATION (a) Trade, profession, or INK particular kind of work supplied. pe (b) General nature of industry, ESERV business, or establishment in UNFADING may which employed (or employer) 9 BIRTHPLACE (State or country) certifical Secondary that 10 NAME OF FATHER 20 (Signed) 50 ARGIN back ARENTS 11 BIRTHPLACE terms, should OF FATHER (State or country) 0 12 MAIDEN NAME plain Instructions OF MOTHER OR RECENT RESIDENTS) = 13 BIRTHPLACE At place OF MOTHER (State or country) of death DEATH yrs. mos. ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at place of death?. ō Former or (Informant) 0 F Every Item CAUSE OF Important. usual residence. PLACE OF BURIAL OR REMOVAL 15 20 UNDERPAKER က်

3646

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

lif death occurred in St: Ward) a hospital or institution, give its NAME Instead of street and number.]

MEDICAL CERTIFICATE OF DEATH

(Month) (Day HEREBY CERTIFY, That I attended deceased from that I last saw here, alive on ... Khum and that death occurred on the date stated above, at (Duration) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. In the State

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

Very

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second "Manager," "Dcaler," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question duties of the household only (not paid Housekeepers minc, etc. it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are eugaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," The

pneumonia"); CAUSING DEATH (the primary affection with respect to Icsis of lungs, meninges, peritonacum, etc., "Croup";) brospinal fever (the only definite synonym is "Epidemic ceretime and causation), using always the same accepted ("Pneumonia," Statement of cause of death-Name, first, the DISEASE for the same disease. Examples: Cerebrospinal meningitis"); Diphtheria Typhoid fever (never report "Typhoid Lobar pneumonia; Bronehopneumonia unqualified, is indefinite): Tubercu-(avoid use Carein-

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APR 4 1913
BUREAU, V. S.

S. No. 1.

OCCUPATION RECORD FNJ EXACTLY MA Exact 1 classified. v properly supplied may certificate. == ō pe back rms Pin plain Instructions ATH - H Item OF mportant. EVERY CAUSE

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STATE OF MARYLAND PLACE OF DEAL CERTIFICATE OF DEATH Registration Dist. No. It death occurred in .Ward) a hospital or institution. give its NAME instead of street and number. I 2FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 4 COLOR OF RACE 3 SEX MARRIED, Mak WIDOWED, (Month) (Day) ORDIVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH marc that I last saw h allve on (Month) (Day) (Year) it LESS than 7 AGE and that death occurred on the date stated above, at ... 10 1 day, hrs. The CAUSE OF DEATH * was as follows: OR ? mos. 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF (Signed)..... FATHER /2, 191 3 (Address) 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VioLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS 0 OR RECENT RESIDENTA 13 BIRTHPLACE At place in the OF MOTHER of death yrs. mos. ds. (State or country) State Where was disease contracted. BAST, OF MY KNOWLEDGE if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR DATE OF BURIAL 15 20 ALNDESTAKER DORESS blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations fication, as Day laborer, Farm laborer, Laborer—Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But in many "Foreman."

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RECORD PERMANENT <u>m</u> may ARGIN Instructions DEAT Every item CAUSE OF important. S

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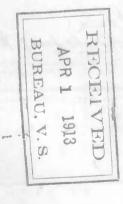
[Approved by L. S. Census and American Public Health Association.]

"(a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not mine, etc. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (6)

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	Q	INS should state
	RECOR	PHYSICIA
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	ING INK	supplied. AG
	I UNFAD	carefully is that it roof certificate
	AINLY, WITH	Every item of information should be carefully sur CAUSE OF DEATH in piain terms, so that it ma important. See instructions on back of certificate.
	WRITE PL	tem of information of DEATH in the See instruction.
V. S. No. 1.		N. B.—Every I. CAUSE Importal

	PLACE OF DEATH ounty Frederick	A Commence of the Commence of	CERTIFICAT	MARYLAND E OF DEATH on Dist. No. 139 [If death occurred in a hospifal or institution,	
	FULL NAMEAme	lia Witt		give its NAME Instead of street and number.]	
	PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICA	TE OF DEATH	
Female 4 COLOR OR RACE SINGLE, MARRIEO, WIDOWED, ORDIVORCED Single (Write the word)		16 DATE OF DEATH MAPO	nth) (Day) (Year)		
8 0	ATE OF BIRTHOctobe	r 20th. , / 890	Jayy 26th, 1913., to		
(a) par	22 yrs 5 CCUPATION) Trade, profession, or rficular kind of work C1		The CAUSE OF DEATH* was as follows:	and that death occurred on the date stated above, ad 2 Noonm, The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis	
(b) General nature of industry, business, or establishment in which employed (or employer)			Contributory (Secondary)	(Duration) 2(2)yrs. mos. ds. Contributory (Secondary) Duration) yrs. mos. ds.	
	10 NAME OF FATHER Frederi	ckm Witt	(Signed) M. (
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Germany 12 MAIDEN NAME		•State the Disease Causing Deati Causes, state (1) Means of Injury Tal, Suicidal, or Homicidal.	H or in doothe from W	
PA	13 BIRTHPLACE	Heintz many	18 LENGTH OF RESIDENCE (FOR HOSP OR RECENT RESIDENTS)		
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)			Former or	Where was disease contracted. If not at place of death?	
15 Fil	(Address) 3401 1st	Aver, Baltor, Meron Registral	Md Baltimore 20 UNDERTAKER		

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[Approved by U. 8. Census and American Public Health Association.]

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